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2023

Training Brochure

VA Boston Psychology Postdoctoral
Fellowship Training Program



*Clinical Psychology Fellowship
Edition*

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Welcome to the VA Boston Psychology Postdoctoral Fellowship Training Program!

The structure of the VA Boston Psychology Postdoctoral Fellowship Program follows a multiple practice format as defined by APA. The Fellowship Program is organized into two separate areas:

1. the substantive traditional practice area of Clinical Psychology, and
2. the specialty practice area of Clinical Neuropsychology.

This brochure describes the training opportunities available in the Clinical Psychology Program. Within the **Clinical Psychology Training Program**, we offer training in seven major areas of study (“tracks”) and will **recruit 12 full-time Fellows**:

- ✓ Addiction Recovery (previously Dual Diagnosis and Addictions and Co-Occurring Disorders)
- ✓ Behavioral Medicine
- ✓ Geropsychology
- ✓ Interprofessional General Mental Health
- ✓ LGBTQ+ Health Care
- ✓ Post-Deployment Readjustment and Trauma Related Disorders
- ✓ Posttraumatic Stress Disorders (PTSD)

Within the **Clinical Neuropsychology Training Program**, we offer training in Neuropsychology with the opportunity to specialize based on training needs and professional goals. We will recruit *two full-time Fellows in the Clinical Neuropsychology Program*. For additional information, please download the Neuropsychology Training Brochure located on the [Fellowship homepage](#).

Both the Clinical Psychology and Clinical Neuropsychology Training Programs exist within the overarching structure of the Fellowship Program and are independently accredited by [American Psychological Association’s Commission on Accreditation](#). Our next Site Visit for both programs will be in Spring 2024. Please note that we are in the process of seeking accreditation in the specialty practice area of Clinical Health Psychology. Fellows admitted to the Behavioral Medicine Track of the accredited Clinical Psychology Program will be required to meet competencies of both the accredited Clinical Psychology Program and competencies consistent with APA accreditation in Clinical Health Psychology.

We are glad you are considering VA Boston for your postdoctoral training experience! Postdoctoral training has shifted considerably over the years; the purpose of postdoctoral training, as currently conceptualized, is to gain advanced competency development in either a specific focus area or major area of study (*i.e.*, VA Boston’s “Tracks” within our accredited Clinical Psychology program) or in a recognized specialty area of practice (*i.e.*, VA Boston’s accredited Clinical Neuropsychology program). While enrollment in an accredited postdoctoral training program is not a requirement, we strongly believe that formal training does offer many benefits. These include building confidence and professional identity, developing advanced competence across all domains of practice within a focus or specialty area of practice, and facilitating short- and long-term career goals, including licensure and board certification. APPIC’s journal, *Training and Education in Professional Psychology*, recently published a special edition on postdoctoral training. We include a link here to an article (by Dr. Silberbogen and colleagues) that reviews the purpose of postdoctoral training in the sequence of training, and outlines considerations when making decisions about postdoctoral training:

https://www.researchgate.net/publication/325207464_Postdoctoral_training_in_health_service_psychology_Current_perspectives_in_an_evolutionary_profession.

IMPACT OF COVID-19 ON TRAINING

The COVID-19 pandemic has had an unprecedented impact on all aspects of personal and professional life, requiring flexibility, adaptability, and ingenuity. The VA Boston Psychology Postdoctoral Training Program has been successful throughout the pandemic in remaining steadfast in our commitment to providing high-quality clinical care for Veterans and high-quality training to our psychology trainees. Our psychology staff and trainees pivoted quickly in March 2020 to telecare and telesupervision, and supported our trainees in navigating all aspects of providing telecare, including learning new platforms, providing psychotherapy and assessments remotely, setting up home environments to facilitate privacy and functionality, addressing personal challenges (e.g., shared workspaces with partners, child care, long-distance from loved ones) and facilitating community and connection. Dr. Silberbogen routinely meets with the class of postdoctoral Fellows to ensure transparency, to address questions, and to problem solve barriers. Despite the number of uncertainties that COVID-19 has brought, our value of providing outstanding training and our skill in implementing this value has been constant.

The clinical experiences listed within this brochure are current, and all training experiences are anticipated to be available during the 2022-2023 training year. At the time of this writing (9/2021), most of our postdoctoral Fellows are on-site 3-5 days per week, in line with their clinical settings, and teleworking the remaining days. Our Fellows are instructed to follow safety procedures consistent with CDC and local facility guidelines, including mandatory screening upon presenting at the hospital, mandatory masking and PPE requirements, social distancing, cleaning protocols, and hand washing.

Clinical supervision remains consistent with APA accreditation guidelines (minimum of 2.0 hours per week). Supervisors meet with their trainees either in person or virtually by a number of video-based platforms (WebEx, Microsoft Teams). Currently, didactics and team meetings are offered remotely. Given some of the challenges of working remotely, we work to ensure our current class of Fellows is feeling connected with the broader psychology community; community building will remain a high priority.

We anticipate that the 2022-2023 Fellows will continue to engage in some hybrid mix of remote and in-person work, consistent with the demands and requirements of their specific clinical placements. We look forward to describing our modifications during our **virtual interviews** and to address any concerns/and or questions regarding our COVID-19 modifications. VA Boston is confident in its ability to provide high quality training and mentorship to promote the professional development of our Fellows, despite the challenges brought on by COVID-19.

Please note that references to “direct”, “face-to-face” or “in-person” clinical care or supervision are also inclusive of remote and virtual care during the COVID-19 pandemic. In addition, we have retained references to campus-based locations in this brochure so that applicants are informed of where they would be located, for in-person services.

PHILOSOPHY AND MODEL OF TRAINING

The VA Boston Psychology Postdoctoral Fellowship model for training entails four broad, core components. **Training is:**

- 1. Individualized, graduated, and primary:** Training is individualized, such that we aim to build professional identity and responsibility through involvement in the training process. In other words, we ask that Fellows collaborate with their faculty mentors and supervisors to develop a training plan that meets their specific training and career goals based on a needs assessment and discussions with faculty. Training is structured around those specific goals and increases in complexity and responsibility over the course of the training year. Service delivery is the means by which training and enrichment occur; however, **service delivery is secondary to the broader mission of training.**
- 2. Based on a scientist-practitioner model:** We employ and model a scientist-practitioner approach to professional psychology, wherein empirically supported knowledge informs psychological assessment and intervention, and wherein questions arising from clinical practice drives research endeavors. Training involves empirically supported treatments and assessment methods and ensures that Fellows utilize critical thinking skills to develop their own clinical research questions and/or program development/evaluation projects. This goal is greatly facilitated by the rich and diverse clinical research setting offered by the training sites. VA Boston is home to numerous National Research Centers and Centers of Excellence, with over thirty federally funded grants in the field of Mental Health and Substance Abuse. This wealth of research resources creates an atmosphere that embodies the scientist-practitioner model.
- 3. Sensitive to individual differences:** We work to identify, respect, and nurture the unique personal attributes that the Fellow brings. The training environment is supportive and guided through close collaboration with supervising faculty. Our training program is sensitive to individual differences and diversity and values the enriched educational environment that occurs within a diverse group of trainees and staff. Training involves self-awareness related to cultural factors, as well as appreciating those social and cultural factors that influence patient centered care. For the ways in which VA Boston attends to and addresses individual “lived” differences in our trainees and patients, please see our “Diversity and Inclusion” section. This section describes additional program and service wide resources.
- 4. Collaborative:** We utilize a “junior colleague” model of training. Our commitment to the Fellows’ professional growth and scholastic development is conveyed in a supportive training atmosphere emphasizing individual strengths. Our major resource in this endeavor is the significant investment of enthusiasm, energy, and time of our training staff, including psychologists and non-psychology supervisors. Fellows are challenged to think critically, and constructive criticism is offered in a non-threatening manner to encourage the Fellow’s full participation in all endeavors, scientific and clinical. We provide training in multidisciplinary and interdisciplinary care environments in which the Fellow develops confidence as a local mental health expert who collaborates effectively with a range of providers in the context of a large medical system. Fellows will learn to work effectively with a variety of other disciplines, as well as collaborate with other mental health practitioners in clinical and research domains.

ORIENTATION TO THE FELLOWSHIP

All Fellows in the Clinical Psychology Training Program are supported from Sunday, August 14, 2022 through Saturday, August 14, 2023. The Orientation to the Fellowship begins on Monday, August 15, 2022. The organization of the Fellowship Program provides Fellows access to different populations and an opportunity to assume a variety of roles. The Fellowship includes clinical, research, and educational components, described below.

TEACHING METHODS

Supervised Service Delivery in direct contact with service recipients. Fellows in the Clinical Psychology program will spend a minimum of 25% (10 hours) of their week engaged in direct, face-to-face clinical care. As appropriate for training, face-to-face patient encounters are but one component of service delivery, and delivery of patient care is secondary to the educational mission of the training. In addition, there are numerous activities that the Fellow will engage in that are in support of face-to-face clinical care. The combination of face-to-face clinical care and all supportive clinical functions (e.g., consultation with other providers, report writing, medical record review, supervision, and provision of supervision) will comprise approximately 75% of a Fellows' training.

Supervision: Fellows receive at least two hours of individual, face-to-face, scheduled supervision with a licensed psychologist who has expertise in the activities being supervised. Fellows may also receive group supervision, with a maximum of three trainees. Fellows receive supervision from a minimum of two licensed psychologists during the training year, one of whom is identified as the “primary” mentor. A minimum of 2.5 hours of supervision per week (individual supervision comprising at least two hours) is required throughout the training year.

Other Structured Learning Activities: Fellows participate in a minimum of 1.5 additional hours of other structured learning activities, including program-wide and track specific didactics, team meetings, rounds, and case conferences. On average, Fellows participate in approximately 2 – 4 hours of other structured learning activities.

Scholarly Mentorship: While the primary focus of the Fellowship training program is the development of clinical skills, Fellows engage in an array of clinical research and other scholarly inquiry opportunities. All Fellows will select a research mentor who will supervise these activities, and the broad scholarly inquiry experience is overseen by the Research Experiences Coordinator, Karen Mitchell, Ph.D. Fellows are expected to have a minimum of four (4) hours of protected time within their regular schedules to be devoted to research and scholarly activities. These four hours are seen as a base; Fellows on some Tracks may be able to avail themselves of research opportunities beyond these dedicated hours (up to 10 hours per week) through discussion with their supervisors and research mentor. Please see Track specific descriptions for additional information. Fellows may collaborate with faculty on ongoing research or a program evaluation project, participate in research lab meetings and other team collaborations, or design and implement an independent research project under the mentorship of a faculty member. Activities may include reading and literature searches, consulting on and participating in some of the daily tasks of data collection and coding, data entry, and data analysis, as well as developing posters or presentations, and manuscript presentation. Fellows are encouraged to present their work in local, regional, and/or national educational settings, or submit work for publication as appropriate. Additionally, Fellows present their research progress during Fellowship wide didactics towards the end of their training year.

Didactic Seminars:

All Fellows attend a biweekly seminar chaired by David Topor, Ph.D., Curriculum Coordinator. During didactics, we develop a sense of professional community and peer support during the Fellowship training year. Topics are scheduled based on a Needs Assessment completed by Fellows at the start of their training. Speakers are invited to present didactics on professional development issues, leadership, ethics, supervision, diversity and ethnicity, and professional identity. Several didactics that are directed at teaching specific evidenced based psychotherapy are shared with clinical psychology interns.

In addition to program wide didactics, many elective seminars are announced throughout the training year. Risa Weisberg, Ph.D., and Erika Wolf, Ph.D., coordinate a weekly Grant Writing Seminar throughout the training year. Additionally, Fellows are invited to attend the one-hour bimonthly Research Fellows' seminar series developed by Daniel Lee, Ph.D. (e.g., Grant Mechanisms, Understanding VA Funding, Transitioning out of the Role of a Fellow).

Finally, Fellows are expected to attend the Psychology Service's annual Psychology Education Day (a training day for staff and trainees geared toward particular themes). Recent themes for past Training Days included interprofessional training, positive psychology, DSM-V, ethics, mentorship and supervision issues, multicultural issues in clinical treatment, patient advocacy, and returning veterans.

Additionally, each clinical program has developed training experiences that are intended to focus on gaining knowledge and skills in emerging areas of specialization. These training experiences include didactic seminars, colloquia, symposia, co-therapy, role modeling, observation, case conferences, rounds, group supervision, and journal clubs. Also, Fellows across the different specialty areas are given the opportunity to attend various seminars conducted in other programs, grand rounds, departmental symposia, etc.

Non-Evaluative Mentor:

Each Fellow selects a Non-Evaluative Mentor (NEM) from among faculty members, who will serve as a year-long mentor for the trainee. The NEM may represent an area of particular clinical or research interest for the trainee, or may be a psychologist whose background or other qualities (e.g., ability to speak to balancing career and family life, including being a parent or caring for ill/elderly family members) is of relevance. The NEM may be linked to the trainee's training experiences but cannot be a direct supervisor or evaluator of the trainee. The NEM provides counsel and is meant to assist the trainee in the overall coordination of their training experiences throughout the year. Examples of areas that might be discussed during meetings could include issues related to professional development, identity development, career trajectory/choices, work/life balance, and postdoctoral applications/decision making, among others.

THE FELLOWSHIP TRAINING PROGRAMS OF VA BOSTON

CLINICAL PSYCHOLOGY TRAINING PROGRAM



The Clinical Psychology Training Program is independently accredited by APA but functions within the structure and administration of the VA Boston Psychology Postdoctoral Fellowship Program. Amy Silberbogen, Ph.D., ABPP is the Director of the Clinical Psychology Postdoctoral Fellowship Program. Within this program, opportunities are available for training in nine focus areas. These include: Addiction Recovery, Behavioral Medicine, Geropsychology, Interprofessional General Mental Health, LGBT Health Care, Posttraumatic Stress Disorder, and Post-Deployment Readjustment.

Program Aim

The overarching **AIM** of our program is to provide advanced clinical training and educational opportunities in order that Fellows develop the full range of skills required for independent functioning as a clinical psychologist in a broad range of roles and settings, including clinical services, research, and education.

Our program is grounded in the scientist-practitioner model and endorses the view that good clinical practice is based on the science of psychology. In turn, the science of psychology is influenced by hands on clinical work. Consequently, our approach to training encourages clinical practice that is evidence-based and consistent with the current state of scientific knowledge and involvement in research that advances patient care. We believe that graduating Fellows should be able to provide competent assessment and appropriate interventions, consultation, and supervision in their area(s) of focus, as well as exhibit behavior that is consistent with professional standards. As a part of developing a healthy professional identity, Fellows are provided access to appropriate mentorship relationships in their area(s) of interest, and they also participate in directing their own professional development. Graduating Fellows also possess the requisite skills to bring research and clinical literatures to bear on their applied work, and to communicate their own scholarly endeavors and interests to other mental health practitioners. While individual Fellows may ultimately develop careers that emphasize one aspect of the scientist-practitioner model more than the other, our expectation is that clinicians will practice from a scientific basis and that the work of scientists will be clinically relevant.

The structure of the VA Boston Psychology Fellowship Program fosters development across nine profession-wide competencies that are critical to an independently functioning psychologist. We expect that Fellows in the Clinical Program will gain both breadth in competency, as well as depth within their

particular area of focus. Below are the Level 1 and Level 2 competencies to be developed through a structured, coherent, and integrated training experience that is graded, sequential and cumulative.

Core Competencies:

Level 1 – Advanced Competencies Required of all Programs at the Postdoctoral Level

- 1. *Science and Practice:*** Fellows will demonstrate the ability to critically evaluate and disseminate research or other scholarly activities at the local (including host institution), regional, or national level. Fellows will demonstrate the ability to think critically about existing literature and apply scientific knowledge to clinical practice, as well as allow clinical practice to inform research questions. Fellows will develop skills in critical thinking, curiosity, and hypothesis testing and will play an active role in developing their own research and/or program development and evaluation goals. Fellows will also receive supervision through relationships with research mentors on legal and ethical safeguards required by VA, APA, and IRB.
- 2. *Ethical and Legal Standards:*** Fellows will demonstrate the ability to respond professionally in increasingly complex situations with a greater degree of independence in accordance with the *APA Ethical Principles of Psychologists* and *Code of Conduct* and relevant laws, regulations, rules, policies, standards, and guidelines. Ethical and legal issues will arise in all areas of training, including confidentiality, legal obligation to warn of danger or report abuse, competency assessments, the right to refuse treatment, assessments of dangerousness, informed consent, and publication credit. Fellows receive supervision and didactic training related to these issues and learn to recognize ethical dilemmas as they arise, apply ethical decision-making processes in order to resolve the dilemmas, and to conduct themselves in an ethical manner in all professional activities.
- 3. *Individual and Cultural Diversity:*** Fellows will demonstrate the ability to conduct all professional activities with sensitivity to human diversity, including the ability to deliver high quality services to an increasingly diverse population. Fellows demonstrate knowledge, awareness, sensitivity, and skills when working with diverse individuals and communities who embody a variety of cultural and personal background and characteristics. Fellows will demonstrate sensitivity to patient cultural diversity, including race, ethnicity, religion, country of birth, gender, social class, age, sexual orientation, disability and health status, as well as other individual differences, integrating awareness and sensitivity into all professional roles. Additionally, Fellows will demonstrate a continued willingness to explore one's own cultural background and how this influences one's personal attitudes, beliefs, and biases. Issues related to diversity are discussed during supervision, as well as incorporated into all program wide didactics.

Level 2 – Program Specific Competencies

- 4. *Professional Values and Attitudes:*** Fellows are exposed to professional role models who embrace the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others. Fellows are expected to demonstrate these values as they also engage in self-reflection regarding one's personal and professional functioning, and engage in activities to maintain and improve performance, well-being, and professional effectiveness. Fellows are expected to actively seek and demonstrate openness and responsiveness to feedback and supervision. Fellows will demonstrate an increasing ability to respond professionally in increasingly complex situations

with a greater degree of independence and autonomy as they progress through the training year. Fellows will demonstrate maturing professional identities and a sense of themselves as a "Psychologist".

5. **Communication and Interpersonal Skills:** Communication and interpersonal skills are the foundations of education, training, and practice in health service psychology. Fellows are expected to develop and maintain effective professional relationships, deal with conflict, negotiate differences, and understand and maintain appropriate professional boundaries with patients, colleagues, supervisors, and other health professionals. Fellows will also be able to produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated, timely, appropriately reflective of the needs of the anticipated audience, and demonstrate a thorough grasp of professional language and concepts.
6. **Assessment:** Functional skills in assessment, diagnosis, and feedback are critical to the professional practice of clinical psychology. Fellows will develop competence in diagnostic interviewing, and will be able to appropriately assess, evaluate, and conceptualize a broad range of patients, including those with complex presentations and/or comorbidities. Fellows will receive training on the selection and use of evidence-based assessment tools and/or clinical interviews (including consideration of relevant diversity characteristics of the patient) required for a particular track, as well as skills related to medical record review, risk assessment, and provision of feedback in a manner that is clear and understandable by the patient. Fellows are expected to interpret and synthesize assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, and to communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner.
7. **Intervention:** Fellows will develop advanced case conceptualization skills that draw on theoretical and empirical knowledge and formulate effective treatment plans. Fellows will demonstrate skills in implementing interventions that are evidence-based, in both individual and group formats, as well as managing risk issues. Fellows will demonstrate competence with the types of therapies required for a given track. Fellows are expected to choose and implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables. Fellows will demonstrate the ability to apply the relevant research literature to clinical decision making. Fellows are also expected to develop appropriate treatment goals and plans, evaluate intervention effectiveness, and adapt intervention goals and methods consistent with the ongoing evaluation.
8. **Supervision:** Fellows will demonstrate knowledge of evidence-based supervision models and practices and apply this knowledge in direct or simulated practice. Though Fellows will, in the vast majority of cases, have the opportunity to provide supervision to a more junior psychology trainee. The Fellows will demonstrate advanced understanding of the complexity of the supervisor role including ethical, legal, and contextual issues. They will demonstrate an awareness of the current needs of supervised trainees, and on how to provide developmentally appropriate feedback to them. The Fellows will receive close supervision and didactics on developing this formative skill.
9. **Consultation and Interprofessional Skills:** Fellows will develop advanced competence in the intentional collaboration of professionals in health service psychology with other individuals or groups. Fellows receive supervised experiential learning and didactics in these areas and will

demonstrate skill in understanding the role of a psychologist and communicating and collaborating with other providers. This may be demonstrated by, for example, contributing to team meetings or case presentations through the communication of important information about patients, co-treatment, consulting directly with patients' other providers (either effectively seeking consultation or offering consultation/teaching), being sensitive to and responding appropriately to the needs of other team members, and using skills as a psychologist to facilitate team functioning.

Addiction Recovery Track

The Clinical Psychology Program offers an Addiction Recovery Track that involves significant training in the treatment of substance use disorders. This track offers two Fellowship positions for the 2020-2021 training year at VA Boston Healthcare System (VA BHS). Both Fellowship positions offer Fellows the opportunity to gain a comprehensive understanding of assessment and treatment approaches for individuals with alcohol and drug problems and co-occurring psychiatric disorders (e.g. PTSD, affective disorders, anxiety disorders, and personality disorders) and co-occurring psychosocial issues (e.g. medical comorbidities, homelessness, legal issues). The Fellows will work in both residential and outpatient settings and learn to conduct comprehensive assessments and provide evidence-based, CBT-oriented group and individual therapy with veterans with SUDs. The Fellows are trained to provide supervision to junior trainees and involved in program development and performance improvement activities and in clinical research. **Fellow 1** will be located at the Brockton campus of VABHS and **Fellow 2** will be located at the Jamaica Plain campus; Fellows 1 and 2 will work with the residential and outpatient teams located at their respective campuses. We describe these two positions in detail below and also provide a comparison table to highlight differences as well as overlapping training experiences. By applying to the Addiction Recovery Track you will have the opportunity to be considered for, and interview with, both positions. Please indicate on your cover letter whether you would like to be considered for the **Fellow 1** position, **Fellow 2** position, or **both Fellow** positions. Applicants commonly express interest in interviewing for both positions and are encouraged to apply for both.

Who Do We Serve? Veterans who seek treatment for their substance use at both campuses present with great diversity in their substance use histories, including use of alcohol, oral opiates and heroin, marijuana, stimulants, anxiolytic/sedative medications, inhalants, and various generations of designer drugs. In addition to chemical dependency concerns, a number of our Veterans also struggle with related behavioral disorders, including gambling, sex addictions, compulsive overspending, etc. The majority of the Veterans in programs at VA BHS also have co-occurring psychiatric conditions such as PTSD, anxiety disorders, depression, and personality disorders and are struggling with significant social problems. Of note, a history of trauma (with or without a PTSD diagnosis) is prevalent in our patient population and includes index events like childhood physical or sexual abuse, military sexual trauma, combat exposure, violence, and traumatic loss. Veterans present with diversity in age, gender, race and ethnicity, sexual orientation, sexual identity, gender identity, branch and military era and experiences, socioeconomic status, educational level, marital status, religion, spirituality, disability status, and living situation. Many of our Veterans are homeless, unemployed, and struggling with medical comorbidities, legal problems, interpersonal stressors, etc.

While there are many similar training experiences in both positions, there are also some differences. We have outlined these similarities and differences in the table below.

TABLE 2
Comparison of Experiences in Addiction Recovery Track

	Fellow 1	Fellow 2
Campus	Brockton (BR)	Jamaica Plan (JP)
Outpatient versus Residential	50% vs 50%	20% vs 80%*
Settings	<ul style="list-style-type: none"> • Outpatient Alcohol and Drug Treatment (ADTP) • Homeless Domiciliary • Intensive Outpatient ADTP • Behavioral Couples Therapy • Outpatient PTSD 	<ul style="list-style-type: none"> • Substance Abuse Residential Rehabilitation Treatment Program (SARRTP) • Outpatient Alcohol and Drug Treatment (ADTP)
Opportunity to Supervise	1 Psychology Intern	1 psychology practicum student (up to 4 therapy cases)
Group Psychotherapy	Two groups per week	Four groups per week (6 hours total) *
Individual Psychotherapy	4 - 6 cases/week: <ul style="list-style-type: none"> • To be determined based on the Fellow's interests and needs; • Split between Domiciliary and Outpatient 	4-6 cases per week* <ul style="list-style-type: none"> • Split between residential and outpatient
Assessment	<ul style="list-style-type: none"> • 1 per week in Domiciliary • 1 per week in Outpatient ADTP 	<ul style="list-style-type: none"> • 1 per week in SARRTP • 1 per month in Outpatient ADTP
Research	At least 4 hours per week	At least 4 hours per week

* Amount of time spent conducting individual and group therapy are minimums and may change as a function of the elective training opportunity selected by the JP Fellow (see track description for details). The JP Fellow's involvement in outpatient versus residential settings may also change slightly, based on the elective selected within the JP rotation.

Fellow 1: Addiction Recovery; Brockton Campus

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Psychology Service (116B)
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Telephone: (774) 826-3879

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Location: VA Boston Healthcare System
Brockton Campus

OVERVIEW

The aim of Fellow position at the Brockton campus is to provide the Fellow with specialized training to prepare for professional success in an addiction-specialist role within a mental health treatment setting. The Fellow will participate in training experiences in an outpatient Alcohol and Drug Treatment Program (ADTP) and a Mental Health Residential Rehabilitation Treatment Program for homeless Veterans (Domiciliary). The training program will be tailored to the Fellow's needs and preferences and equip the Fellow with measurement-based care and expertise in and program evaluation and program development skills. The Fellow also may choose to become a certified provider in Behavioral Couples Therapy (BCT), and/or Cognitive Processing Therapy (CPT) or gain experience in Prolonged Exposure (PE) for PTSD and Cognitive Behavioral Therapy for Substance Use Disorders (CBT-SUD). In addition, the Fellow will serve as a critical member of interdisciplinary teams in both the outpatient and residential programs, and will oversee the care of Veterans with clinically complex needs. There are opportunities for research collaboration related to psychological interventions offered through state-of-the-art technologies and treatment for co-occurring posttraumatic stress and substance use disorders.

GOALS

The primary goal of this training year is to gain specialized expertise in applying evidence-based treatments for SUD and co-occurring mental health problems in Veterans. Previous Fellows have obtained employment in VA, academia, community mental health, private hospital settings, and individual/group private practice. The Fellow can elect to gain training in Motivational Interviewing, Cognitive Behavioral Therapy for Substance Use Disorders, Cognitive-Behavioral Relapse Prevention, Behavioral Couples Therapy, Acceptance and Commitment Therapy, Cognitive Processing Therapy, and Prolonged Exposure. The Fellow will provide psychotherapy for Veterans with opioid use disorders (OUD) that receive evidence-based medication-assisted treatment. They also will have opportunities to participate in the OUD team meeting and learn state of the art evaluation and treatment. Additionally, the Fellow will learn skills in assessment, consultation, provision of clinical supervision, program evaluation and development. The fellowship also includes training in providing telebehavioral health in individual and group modalities. Overall, approximately 75% of the Fellow's time will be spent in clinical care and associated activities. Approximately 10 to 15% of the trainee's time will be reserved for program development and evaluation, and involvement in research. The remaining time is spent in educational activities.

The primary activities of the Fellow in the ADTP **Outpatient Clinic** will be:

- Evidence based individual psychotherapy with emphasis on CBT-SUD, MI, ACT, BCT & DBT
- Group psychotherapy
- Comprehensive assessment

The primary activities of the Fellow in the **Residential Program** will be:

- Providing group therapy;
- Delivering brief individual therapies;
- Consultation.

Other training activities include:

- Program evaluation and performance improvement activities;
- Clinical research;
- Provision of clinical supervision;
- Rotation-specific didactic series.

At the completion of their Fellowship, Fellows will be able to:

- Conduct a comprehensive assessment with patients in treatment for SUD;
- Provide evidence-based group and individual therapy for individuals with SUD;
- Deliver evidence-based treatment for a range of co-occurring psychiatric disorders with a focus on PTSD and mood disorders;
- Demonstrate an awareness of and increase skill in program evaluation and development.
- Provide consultation for treatment providers outside of mental health on patients with dual disorders.

TEACHING METHODS

In addition to the didactics offered to trainees across all rotations, three venues exist to impart knowledge and promote professional development in the evaluation and treatment of SUD and co-occurring disorders. The first venue, the Addiction Journal Club, is a monthly meeting of interdisciplinary faculty, interns, and Fellows that focuses on maintaining the scientist –practitioner model by keeping current with empirical and theoretical advances for clinical practice. The second venue, the SUD Forum, meets monthly, provides semi-structured didactics as well as the opportunity for a free exchange of ideas related to SUD treatment. The third venue is the PTSD/SUD Clinical Forum that is open to all trainees and faculty from the SUD and PTSD clinics in Brockton. The primary focus of this semi-structured forum is on issues unique to the assessment and treatment of PTSD and/or SUD, and the forum provides the opportunity for informal case presentation. Individualized supervision will be provided by psychologists in the outpatient ADTP and PTSD clinics as well as the residential program. The Fellow will also meet with the clinical staff in interdisciplinary meetings in both the outpatient and residential settings. Specialized readings are provided to supplement a Fellow's training depending on his or her interests and needs. Clinical work, career development, and research issues are addressed during supervision.

All supervisors are well-versed in the treatment of Veterans with SUD and/or co-occurring disorders, and have experience collaborating and consulting across clinics to ensure the best possible care for Veterans and foster the Fellow's professional development. Additionally, all supervisors have expertise in delivering telebehavioral health.

PRIMARY SUPERVISORS INCLUDE:

Daniel Rounsaville, Ph.D. Licensed Psychologist and Program Director of the Brockton ADTP Outpatient Clinic and Instructor in Psychology in the Department of Psychiatry at Harvard Medical School. He is a certified CBT-SUD provider, and is also trained in CPT, MI, BCT, and ACT. He is also conducting program evaluation/research of aspects of the ADTP clinic, particularly looking at factors predicting the clinical outcomes in the ADTP clinic with Veteran prescribed buprenorphine examining predictors including treatment participation, substance use, and comorbid diagnoses. Dr. Rounsaville is committed to delivering measurement-based individual and group treatments as well as increasing access to care via telebehavioral health. He also leads the SUD Forum.

Noam Lindenboim, Ph.D. Dr. Lindenboim is a Staff Psychologist, Chief of the Homeless Domiciliary (REACH), and Instructor in Psychology at Harvard Medical School. Dr. Lindenboim is a certified DBT-SUD and DBT provider.

Gabrielle Lewine, Ph.D. Dr. Lewine is a Staff Psychologist and the Clinical Coordinator of the Intensive Alcohol and Drug Addiction Program of Treatment (I-ADAPT) on the Brockton Campus of the VA Boston Healthcare System. She is an Instructor in Psychology at Harvard Medical School. She specializes in outpatient substance use treatment and couple therapy. She is VA-certified in CPT, and is also competent in delivering PE, ACT, CBT, MI, IBCT for couples, CBT-I, and mindfulness-based interventions. She currently leads the Addictions Journal Club.

Kylee Hagler, Ph.D. Dr. Hager is a clinical psychologist working in the Homeless Domiciliary (REACH), and Instructor in Psychology at Harvard Medical School. She is a certified CPT provider and is trained in the use of MI and CBT-SUD.

Supervision is available from **Kevin Clancy, Ph.D.** who is a certified trainer and provider of Behavioral Couples Therapy (BCT) for trainees who decide to participate in the couples therapy component of this training rotation. Dr. Clancy manages the Counseling for Alcoholics' Marriages (CALM) Project at VA Boston, Brockton Division, and he is Instructor of Psychology at Harvard Medical School.

The Fellow may receive training in PE or CPT from **Julie Klunk Gillis, Ph.D.** Dr. Klunk Gillis is the Clinical Director of the Brockton outpatient PTSD clinic, Staff Psychologist in the Center for Returning Veterans, and Instructor at Boston University School of Medicine. Dr. Klunk-Gillis is a certified CPT and PE trainer and provider.

The Fellow may receive training or supervision from **Justin Enggasser, Ph.D.,** depending on the Fellow's individualized training plan. Dr. Enggasser is Section Chief of Substance Abuse Treatment Services at VA Boston Healthcare. He is an Assistant Professor of Psychiatry at Boston University School of Medicine and Lecturer in Psychology at Harvard Medical School.

DIVERSITY FOCUS

The Brockton campus of the Addiction Treatment Fellowship track of the VA Boston Psychology Postdoctoral Fellowship Program provides the Fellow with experience in an outpatient Alcohol and Drug Treatment Program (ADTP) and a Mental Health Residential Rehabilitation Treatment Program for homeless Veterans (Domiciliary). In both programs, Veterans also present with diversity in diagnoses (e.g., TBI and other co-occurring mental health issues), as well as in the progression and trajectory of their substance use disorder and drugs of choice. All these diverse factors are assessed during the initial screenings and intake evaluations. Clinicians and trainees integrate the information obtained through clinical interviews, medical record reviews, assessment measures, and behavioral observations. They also communicate with the interdisciplinary team members and, if available, the Veteran's family members to

learn more about how best to proceed with treatment planning. Being aware of diversity factors is essential in forming hypotheses about the origin of the Veteran's presenting problems and what is maintaining them. The case conceptualization process is vital in providing individualized care that is tailored to the specific needs of the Veteran. Our trainees are provided with a plethora of opportunities to enhance cultural sensitivity and ways to accommodate the Veteran's unique needs. They are provided with ample individual supervision. They also attend clinical staff meetings where the interdisciplinary team is available to engage in case discussion. Additionally, there is a SUD Forum and a PTSD/SUD Forum that meets once a month. Topics have included stigma in substance abuse, homelessness, gender differences, etc. There also is an Addictions Journal Club that meets once a month. Clinicians and Fellows take turns presenting articles and are asked how the article addressed diversity and inclusion.

RESEARCH

Dr. Justin Enggasser has several ongoing projects and is available as a research mentor for Fellows interested in SUD related research. Dr. Enggasser is involved primarily in research focused on developing new treatment models and treatment delivery methods for individuals with substance use disorders and co-occurring PTSD. Current research opportunities with Dr. Enggasser include involvement in ongoing research efforts focused on developing and evaluating Web and mobile phone -based interventions for Veterans with problem drinking and trauma symptoms. Specific activities connected with these projects can vary depending on a trainee's interest and goals, as well as the status of the project at the time the trainee is available.

The postdoctoral Fellow will increase their awareness and understanding of program development and program evaluation skills. If interested, there will be the opportunity to create and facilitate a group and/or assist a supervisor in improving aspects of program care.

There are also opportunities for working on a research project examining outcomes of treatment of opioid use disorder in the ADTP Outpatient Clinic. Dr. Daniel Rounsaville is conducting a study looking at factors predicting the clinical outcomes in the ADTP Outpatient Clinic with Veteran prescribed buprenorphine over the course of three years examining predictors including treatment participation, concurrent non-opioid use, and comorbid diagnoses. Former trainees have created their own therapy modality or protocols, and some have chosen to implement the Unified Protocol.

Fellow 2: Addiction Recovery; Jamaica Plain Campus

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Jamaica Plain Campus

OVERVIEW

The Addictions Recovery Track at the VA Boston Healthcare System - Jamaica Plain campus involves work in the Substance Abuse Residential Rehabilitation Program (SARRTP) and outpatient Alcohol and Drug Treatment Program (ADTP). As a key member of a multidisciplinary treatment team, the Fellow has a high level of input into clinical decision making and is considered a treatment team leader for 1/3 of the Veterans admitted to the SARRTP. Veterans served in our clinics are diverse on many dimensions, including race, ethnicity, age, cultural background, religion, socio-economic background, education, and branch of military service. While the SARRTP is a male-only residential program, women veterans are served in our outpatient ADTP clinic. The Fellows are also trained to provide supervision to junior trainees (pre-doctoral and Master's level practicum students) in a comprehensive supervision-of-supervision model.

The supervisory staff for the rotation presents with a wide variety of interests and a number of personal diversity dimensions. The rotation places a strong emphasis on attention to diversity dynamics in terms of conceptualization of cases, clinical assessment and treatment, and program development and research, including offering a Substance Abuse Treatment Diversity Discussion group for all substance abuse staff and trainees at the Jamaica Plain campus.

In addition to providing specialized training in evidence-based approaches to alcohol and drug problems including motivational enhancement, cognitive-behavioral relapse prevention techniques, and behavioral self-control strategies, the Fellow has the opportunity to choose and elective training opportunity with co-occurring diagnosis which is described in detail later in the position description. Briefly, training is available in Seeking Safety, Cognitive Processing Therapy (CPT), Acceptance and Commitment Therapy (ACT), Mindfulness techniques, and Dialectical Behavior Therapy (DBT).

Who Are We? Four licensed clinical psychologists participate in Fellowship training. The SARRTP and ADTP staff members are a multidisciplinary team from psychology, psychiatry, social work, and nursing. The Fellow has clinical responsibilities and is part of the treatment team in both SARRTP and ADTP. Under our supervised apprentice model, licensed doctoral staff model various roles common for staff psychologists and encourage Fellows to take on such roles themselves. These roles include those of clinician, researcher, manager, supervisor, and teacher.

GOALS

At the completion of their training, Fellows will be able to:

- Conduct a comprehensive assessment related to substance use, psychiatric issues, and risk;
- Provide group and individual (both short- and long-term) therapy for individuals with substance use disorders in various levels of care;
- Provide treatment for co-occurring psychiatric disorders in individuals with a SUD;
- Provide consultation for treatment providers in multidisciplinary settings;
- Provide clinical supervision to junior trainees;
- Have an advanced awareness of, and skill level with, working with diverse clients and diversity issues in all aspects of clinical care and research;
- Have enhanced skills in developing and conducting research;
- Have a greater understanding of and greater skill at program management and development;
- Interact effectively with a multidisciplinary clinical treatment team.

TRAINING SETTINGS

Residential Treatment: The Substance Abuse Residential Rehabilitation Program (SARRTP) offers six weeks of treatment for up to 20 male veterans at a time. The SARRTP is an abstinence-based residential treatment setting, and patients focus on group interventions to help make significant changes in their lives.

Outpatient Treatment: The Alcohol and Drug Treatment Program (ADTP) provides individual and group therapy for female and male veterans who are motivated to work on making changes in their substance use. Treatment of SUDs in this setting may be abstinence-based or may take a harm-reduction approach. Often, individual therapy through ADTP also focuses on the treatment of co-occurring conditions related to the veteran's substance use, like PTSD.

TRAINING COMPONENTS

Fellows on this rotation will gain experience in the following activities:

- **Group Psychotherapy:** The Fellow will serve as a senior co-leader with a practicum student in a cognitive-behavioral, empirically-supported, Relapse Prevention (RP) group, which meets three times per week for 6-7 patients in the SARRTP. The Fellow also co-facilitates a DBT-based Mindfulness group in the SARRTP, with the rotation's predoctoral intern. Each of these groups meets for an hour and a half, resulting in 6 hours of group per week. Additional opportunities to participate in group therapy are based upon the Fellow's selection of a Co-occurring Disorders elective training opportunity within the rotation (see below).
- **Individual Therapy:** The Fellow will conduct individual therapy with veterans receiving treatment in SARRTP and ADTP. Individual psychotherapy may target substance use via relapse prevention or harm reduction approaches and may include motivational enhancement. Individual therapy also frequently focuses on the treatment of co-occurring conditions (e.g. PTSD, emotion regulation deficits, etc.). Individual therapy may include delivery of empirically-based psychotherapies such as CPT, Seeking Safety, DBT, ACT, or MET.
- **Consultation:** The Fellow is an active participant in the SARRTP consultation/liaison team. Fellows complete comprehensive screening assessments to determine eligibility for SARRTP and provide

treatment recommendations based on these assessments to the veteran, to referring clinicians, and to the full Consultation and Admissions Team. The Fellow completes one consultation screening assessment per week. This training offers the opportunity to interact with inpatient Psychiatry, Medicine, or other substance abuse treatment programs, at VA Boston, at other area VAs, and at non-VA facilities, as well as with the criminal and judicial systems.

PROGRAM MANAGEMENT, DEVELOPMENT, AND EVALUATION

The Fellow also has opportunities to apprentice in clinical program management, under the supervision of licensed staff as part of the Fellow's program management and development training. The Fellow may work on developing new groups for the SAR RTP with the opportunity to develop program evaluations of these new groups. Fellows have assisted with developing outcome measures for both the SAR RTP and the ADTP, which has helped to inform clinical services provided in these settings.

- **Teaching:** The Fellow delivers at least one didactic presentation for the SATP team (SAR RTP and ADTP) during the training year. The Fellow also has the opportunity to provide lectures for Psychology Practicum Students, often on professional development topics.
- **Supervision Training:** The Fellow will assist in the supervision of a practicum level psychology trainee on two to four individual therapy cases under the direction and oversight supervision of a licensed psychologist. The Fellow participates in weekly group "supervision of supervision" with the predoctoral intern and with a licensed SATP psychologist. This component of the rotation provides the chance to learn skills to be able to supervise trainees. Fellows assist in review of student therapist audiotapes and in the oversight of clinical documentation. The Fellow also learns about how to write formal evaluations and deliver feedback to supervisees.
- **Staff Meetings:** The Fellow is considered an integral member of the SAR RTP and ADTP multidisciplinary team. Frequent staff meetings provide an opportunity for a high level of Fellow involvement in treatment planning, which may include consultation with other services in the hospital and in development of appropriate aftercare plans. The Fellow regularly presents in team meetings on patients that they are following and in doing so learn how to relay information to the interdisciplinary treatment team to facilitate treatment progress. Fellows participate in SAR RTP treatment team meetings, SAR RTP weekly rounds, and weekly outpatient ADTP staff meetings.
- **Assessment:** The majority of training in assessment occurs via the eligibility screenings conducted for the SAR RTP as part of the Consultation Liaison Team. The Fellow will also complete outpatient assessments with veterans coming into the ADTP and may be asked to complete additional, formal assessment batteries, often on current SAR RTP patients, on an as needed basis. Often the focus of these assessments is diagnostic clarification and may include personality assessment, structured clinical interviewing for PTSD, or other symptom inventories. Training in risk assessment is also provided on this rotation.
- **Didactics:** The Fellow attends monthly didactic seminars with the full SAR RTP and ADTP staff and the program's other trainees. Topics of the seminars vary from year to year but have often included discussion of empirically supported treatments for PTSD in veterans with SUDs; review of medications used to treat craving and psychiatric conditions in SUD patients; lethality assessment and suicide prevention; issues of diversity among substance-using veterans; neuropsychological correlates of substance use; and special topics, such as sex addiction, designer drugs, and toxicology screening.

ELECTIVE TRAINING OPPORTUNITIES IN CO-OCCURRING CONDITIONS

In addition to the above training components, Fellows in Addictions and Co-Occurring Disorders can personalize their training with additional experiences focused on the treatment of specific co-occurring conditions. The Fellow will have approximately 4-5 hours devoted to his or her chosen elective. The Fellow may select from one of the four electives below, or submit a proposal for training in another co-occurring condition common to a SUD population. Some examples of possible electives include:

- ***Dialectical Behavior Therapy:*** Individual therapy cases and DBT Consultation Team.
The DBT elective focuses on providing full-model, adherent DBT to veterans with SUDs who struggle with emotional and behavioral dysregulation and may benefit from the skills and structure provided by DBT. No prior experience in DBT is required for participation in this elective. The Fellow would receive training in assessment and conceptualization related to personality pathology and affect instability, as well as the comorbidity between personality disorders, SUDs, and related difficulties (e.g. trauma). The Fellow would also carry 2 individual DBT cases. Finally, the Fellow would participate in the VA Boston DBT Consultation Team. The Consultation Team consists of trainees and staff from multiple VA Boston clinics and meets weekly to provide didactics and case consultation, in order for team members to provide adherent DBT. By the end of the Fellowship with this elective, the Fellow would have advanced proficiency in the theory, coping skills, and therapeutic strategies utilized in DBT, with an SUD population.
- ***Motivation/MET:*** CBT-SUD Group and individual MI/MET cases.
The Motivation/MET elective focuses specifically on working with the most ambivalent of our outpatient clients with the goal of helping them to implement change. In this elective, the Fellow would co-facilitate a weekly hour-long Early Sobriety group for individuals who are early in sobriety, struggling with changing their substance use, or pursuing a non-abstinence change plan. This group is designed to provide support for members and help veterans find motivation for making and sustaining changes to their substance use. This elective also includes delivery of individual motivational enhancement therapy (MET) to veterans ambivalent about change (approximately 2-3 cases). MET training will involve development of Motivational Interviewing skills and skill in delivery of structured substance use feedback.
- ***PTSD/SUD Treatment:*** PTSD-focused individual therapy cases and/or Trauma Coping Skills Group, program development, and psychological assessment cases.

Approximately 75-85% of Veterans treated in the ADTP and SAR RTP report a history of experiencing trauma and note that their substance use is often related to the sequelae of trauma. This elective focuses on the treatment of veterans who receive treatment in the SAR RTP and ADTP for their substance use and have a history of both military and non-military related trauma. In this elective, the Fellow will complete diagnostic assessments of PTSD (e.g. CAPS-5, PCL-5, MMPI) and can choose the following options: 1) carrying a caseload of 3-4 individual therapy cases of Veterans who have been diagnosed with PTSD and a SUD, or 2) co-facilitate the SAR RTP Seeking Safety group and carry an individual caseload of 2 cases. The focus of individual therapy will be to provide psychoeducation to Veterans about PTSD and the relationship between SUD and PTSD, to provide emotion regulation skills training, and to provide exposure-based treatment for PTSD. Treatments may include CPT, PE, Written Exposure Therapy, Adaptive Disclosure, COPE or other empirically-supported treatments. If the Fellow chooses to co-facilitate the SAR RTP Seeking Safety group with the SATP intern, he or she will conduct one to two screenings per week for the group and conduct the weekly 90-minute group. There is the opportunity to teach about this

topic in the Substance Abuse didactic series and for program development to help to enhance the treatment of PTSD and SUD in the clinics

- **Behavioral Couples Therapy for Substances Use Disorders (BCT-SUD):** Trainees will have the opportunity to learn an internationally-recognized, empirically-supported Behavioral Couples Therapy specifically designed as an adjunctive treatment of substance use disorders. BCT-SUD clinicians work with Veterans and their partners to support the Veteran's abstinence and improve relationship functioning. Under the supervision of Dr. Poole, assess and treat one to two couples at any given time. The time commitment varies according to the trainee interest.

SUPERVISION

The Fellow in the JP VA Substance Abuse Treatment Program receives at least four hours of supervision per week. Current clinical supervisors in this rotation are as follows:

- **Monica Roy, Ph.D.,** the Addictions Fellowship Track Coordinator, is an alumna of the SATP's internship and Fellowship training programs, and is the Program Manager of the SAR RTP and of the JP ADTP. Dr. Roy supervises the Fellow's Relapse Prevention group and the Mindfulness/DBT skills group. Dr. Roy has often also been a supervisor of the Fellow's SAR RTP and JP ADTP individual psychotherapy and assessment cases. Her clinical supervision incorporates a focus on both cognitive-behavioral therapies as well as attention to process issues and interpersonal psychotherapy. Other training interests include working with veterans with trauma and personality disorders, and motivational interviewing. Her research includes investigating the effectiveness of technology based interventions for addictions and PTSD.
- **Anne N. Banducci, Ph.D.** completed her internship at the Mississippi Consortium (Jackson VAMC/University of Mississippi Medical Center) and fellowship through the VA Palo Alto Health Care System/Stanford Advanced Fellowship in Mental Health Research & Treatment (MIRECC). Dr. Banducci has a particular interest in understanding and treating co-occurring PTSD-SUD, which is reflected in her clinical work and research. At Boston VA, Dr. Banducci is a staff psychologist through the Alcohol and Drug Treatment Program, is the facility's Military Sexual Trauma Care Coordinator, and is a Research Affiliate with the National Center for PTSD Women's Health Sciences Division. She serves as a consultant on the VA National MI/MET rollout and is on the VA Boston DBT Consultation Team. She co-leads CBT-SUD and Motivational Interviewing groups with trainees, leads the MET training experience, and provides individual supervision for co-occurring PTSD-SUD cases.
- **Molly Below, Ph.D.** also completed internship and Fellowship training in substance abuse in JP. She then worked in the Center for Integrated Residential Care for Addictions (CIRCA program) and the REACH homeless Domiciliary on the Brockton campus before returning to JP as an outpatient staff psychologist. Dr. Below assists in directing the VA Boston DBT consultation team and is an investigator on VA-funded clinical research. Dr. Below supervises Fellows' group and individual work and has acted as a research mentor. She treats a wide range of co-occurring disorders with particular interest in sequelae of trauma and affective and personality disorders. She focuses on cognitive and behavioral theory and interventions, motivational and mindfulness-based approaches, and interpersonal and therapeutic processes.
- **Deborah J. Brief, Ph.D.,** is a member of the leadership of Mental Health Service in VA Boston Healthcare System (VA BHS), and serves as Director of Residential and Rehabilitation Services in

VA BHS. She is also the Director of a two-year Interprofessional Advanced Addiction Fellowship. Previously she served as a Program Manager for both residential and outpatient substance abuse treatment programs in VABHS and was the coordinator of substance abuse training experiences for interns and Fellows at the Boston site. An accomplished researcher, Dr. Brief has served as a co-principal investigator and co-investigator on several VA and extramural research grants and has presented and published articles on substance use and on addiction's interface with PTSD. She is currently investigating the effectiveness of technology-based interventions for addictions and PTSD. Dr. Brief has served as a research mentor for a number of our rotation's Fellows as well as a clinical supervisor for the Fellow's individual psychotherapy cases.

- **Gina Poole LaPosta, Ph.D.**, is a staff psychologist and PTSD-SUD specialist on the PTSD clinical team, the Alcohol and Drug Treatment Program, and the Center for Returning Veterans. She completed her internship and research fellowship at the VA Boston Healthcare System where she specialized in addictions and PTSD. Her primary clinical and research interests are in the areas of treatment engagement, intimate partner violence, PTSD, substance use, couple's treatment, and parenting. Dr. Poole provides supervision in the clinical internship and fellowship programs and has also provided mentorship and supervision in the Interprofessional Advanced Addiction Fellowship Program. She supervises a PTSD-SUD skills group offered jointly across the trauma recovery and substance use service sections as well as Behavioral Couples Therapy for Substance Use Disorders.

DIVERSITY FOCUS

The Addictions Recovery Fellowship, Jamaica Plain campus clinical Fellow trains within the SAR RTP and ADTP where diversity issues are attended to regularly in training practicum students, doctoral interns, and postdoctoral Fellows in group and individual psychotherapy, assessment, and research with veterans' addiction issues and comorbid disorders. Supervisors create a collaborative space in which to discuss diversity as it relates to providing care, and regularly model consideration of diversity dynamics in conceptualizing cases and constructing intervention strategies and treatment plans. Trainees participate in intake interviewing for SAR RTP (residential) and postdocs participate in intake interviewing for both the SAR RTP and ADTP (outpatient) substance use treatment programs. In addition, trainees present their cases in weekly consultation and liaison team meetings. These meetings are designed to evaluate appropriateness of fit with programs but also to address matters of diversity that might arise while in treatment, and strategies for meeting the needs of patients from diverse backgrounds. The supervision and "supervision of supervision" experience in this track affords trainees unique opportunities to navigate topics of diversity as supervisors of masters-level and doctoral students. This experience allows trainees opportunity to develop their own style for incorporating topics of diversity within supervision and within their supervisee's clinical care and allows for examination of the interaction of the student supervisor's, the student supervisee's, and the supervisee's clients' diversity dynamics and how these influence case conceptualization, psychotherapy process/response to empirically-supported treatment, and psychotherapy outcome. The track's staff includes several of the founding members of the Psychology Service's Diversity and Inclusion Committee and consists of an interdisciplinary team from diverse backgrounds. The SATP offers monthly didactic seminars that factor in diversity issues in presenting topics relevant to the assessment and treatment of substance-using patients. A Substance Abuse Treatment Program Diversity Discussion group is offered once a month with substance abuse treatment staff from the SAR RTP, ADTP, and the methadone clinic. This provides the opportunity to learn about providing culturally competent care for Veterans with substance use disorders at different levels of care and to receive and provide consultation to colleagues from various disciplines. In addition, in 2020, a Substance

Use Treatment Diversity Discussion Group was developed. This group consists of staff and trainees from different disciplines who work in all of the substance abuse treatment programs at the Jamaica Plain campus including SARRTP, ADTP, the methadone clinic, and the addiction psychiatry training program. The goal of this group is to provide a place for case consultation related to diversity factors as well as building cultural competence when treating Veterans seeking substance use treatment through different modalities of learning (e.g. didactics, reading and discussing journal articles).

RESEARCH

Fellows participate in 4 hours of research activities per week. Some current opportunities for Fellows include working on: program evaluation projects related to patient outcomes in residential and outpatient settings; developing and evaluating web and mobile based interventions for Veterans with alcohol problems and PTSD symptoms; working on outcome data related to the management of borderline personality features and PTSD symptoms in women with addiction issues; developing and testing diversity education programming for SATP patients and staff; and examining the effect of a clinical intervention on treatment follow-through amongst veterans completing detox. Fellows may take part in: grant writing and submission; web- and app-design; literature reviews; article and chapter writing; and/or program evaluation or performance improvement projects.

Behavioral Medicine

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Location: VA Boston Healthcare System
Jamaica Plain, Brockton, and West Roxbury Campuses

Number of Fellows: *Two full-time Fellows* are admitted each year.

OVERVIEW

Training within the Behavioral Medicine Program aims to prepare Fellows for specialized practice in Health Psychology by ensuring advanced skills in assessment, intervention, consultation, and research with medically compromised patients and those seeking to change health behaviors. Fellows will have the opportunity to develop these skills in many contexts (including outpatient mental health, primary care, and specialty medical clinics) using both face-to-face and telehealth modalities. Fellows will have flexibility in developing their training year to meet their training goals. There is an overarching emphasis on providing patient centered care that is sensitive and culturally competent, reducing health disparities and promoting health for all populations, including those who are marginalized.

Our program is designed to be consistent with postdoctoral requirements for Board Certification in Clinical Health Psychology via the American Board of Professional Psychology (ABPP). The Behavioral Medicine Program at VA Boston is also proud to be a program member of the *Council of Clinical Health Psychology Training Programs* (CCHPTP) which promotes the advancement of education and training within the field of Clinical Health Psychology, demonstrating our commitment to the highest standards within the field.

Of note, Behavioral Medicine training at the postdoctoral level is a focus area (Track) within the APA accredited VA Boston Clinical Psychology Program. We are also in the process of seeking accreditation in the specialty practice area of Clinical Health Psychology. Fellows admitted to the Behavioral Medicine Track of the accredited Clinical Psychology Program will be required to meet competencies of both the accredited Clinical Psychology Program and competencies consistent with APA accreditation in Clinical Health Psychology.

GOALS

The goal of the Behavioral Medicine Fellowship Track is to train Clinical Psychologists who meet advanced practice competencies in Clinical Health Psychology and who can function effectively as a professional Clinical Health Psychologist in a broad range of settings, including clinical services, research, and

education. To reach this goal, the Fellows will select an array of clinical settings where they have interest to refine their skills in psychotherapy (individual, group, and couples), assessment, case conceptualization, treatment planning, culturally sensitive care, administration, and interprofessional consultation/liaison. In addition to clinical training, Fellows will have the opportunity to develop skills in research, program development, program evaluation, leadership, and supervision, and gain knowledge and sensitivity around multicultural, ethical, and legal issues.

In addition to meeting the Clinical (Level 1 and Level 2) required competencies outlined above, Fellows accepted to the Behavioral Medicine Track will also need to meet required specialty competencies consistent with the specialty practice area of Clinical Health Psychology (Level 3). These competencies include the following:

1. Research:

- engage in Clinical Health Psychology scholarly activities which could include but are not limited to research, evaluation, or other form of inquiry
- apply scientific methods in clinical health psychology activities

2. Professional Values, Attitudes, and Behaviors

- behave in ways that reflect the values and attitudes of psychology and Clinical Health Psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.
- engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.
- actively seek and demonstrate openness and responsiveness to feedback and supervision.
- respond professionally in increasingly complex situations with a greater degree of independence.
- apply scientific knowledge and skills in clinical health psychology to advocate for equity and access to quality care.
- demonstrate an emerging professional identity consistent with the Clinical Health Psychology specialty.

3. Communication and Interpersonal Skills

- develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
- produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.
- demonstrate effective interpersonal skills and the ability to manage difficult communication well.

4. Assessment

- select and apply evidence-based biopsychosocial assessment methods appropriate for the patient's physical illness, injury, or chronic health condition/disability and collects relevant data using multiple sources and methods appropriate for identified presenting problems and assessment question.
- communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.
- assess factors that facilitate or inhibit knowledge, values, attitudes, or behaviors affecting health functioning, treatment and treatment adherence and health care utilization of patients, and when applicable, populations.
- assesses the biopsychosocial impact of undergoing medical procedures (e.g., screening, diagnostic, and intervention/prevention procedures).

5. Intervention

- implement evidence-based biopsychosocial interventions to treat or prevent health and behavioral health-related issues of patients and, when applicable, populations.
- evaluate, select, and administer appropriate biopsychosocial assessments to monitor and evaluate the process and outcomes of treatment for patients and, when applicable, populations.
- monitor adherence to medical treatment and psychological interventions and demonstrate skill in addressing health behaviors to improve adherence.

6. Teaching/Supervision

- demonstrate knowledge of supervision models and practices related to clinical health psychology.
- teach and supervise others by accurately, effectively, and appropriately presenting information related to clinical health psychology.

7. Consultation and Interprofessional/Interdisciplinary Skills

- demonstrate knowledge and respect for the roles and perspectives of other professions.
- conceptualize referral questions that incorporate understanding of the roles of patient, caregiver, other provider, and/or health system to answer the consultation questions effectively.
- apply knowledge of consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.
- engage interprofessional individuals and teams to increase the likelihood of appropriate early referrals to clinical health psychologists.
- provides education about health psychology concepts and practices or methods and procedures to other professionals and/or trainees.

8. Leadership

- demonstrate leadership within an interprofessional team or organization related to the practice of clinical health psychology.
- demonstrate the ability to develop or enhance a clinical health psychology practice, educational program, or program of research.

CLINICAL EXPERIENCES

Behavioral Medicine clinical training is offered across a number of settings through VA Boston. Treatment is geared toward helping Veterans cope effectively with major medical illnesses and invasive treatments, assisting Veterans to change health compromising behaviors, encouraging treatment adherence, behaviorally managing chronic conditions, and enhancing overall quality of life. Treatment is evidence-based, and much of the clinical care on Behavioral Medicine is short-term, problem-focused, and based on a biopsychosocial framework, although there is also the opportunity to do less structured, longer-term treatment. Fellows will have opportunities to become proficient in the use of cognitive behavioral therapies (CBT), acceptance and commitment therapy (ACT), motivational interviewing (MI) and health coaching strategies. Of note, clinical care across all programming is offered within a culturally diverse and medically complex patient population, and Fellows will work with Veterans representing various service eras, ages, identities, and socioeconomic backgrounds. The majority of clinical programming is at the Jamaica Plain Campus, unless otherwise specified below.

The Fellows will collaborate with DeAnna Mori, Ph.D., the Track Coordinator, and their primary supervisors to devise an individualized training plan that is based on the intersection of the Fellows' training goals and needs, professional interests, and available clinical experiences through the Behavioral Medicine program. Below, we describe the clinical experiences that are available to both Fellows throughout the training year. Of note, participation in each of these activities ranges from a few hours up

to a full day per week, allowing Fellows to gain experience in a range of activities at once. In addition, Fellows have the option to complete a six-month or full year rotation within the areas listed below (except for the Assessment and Treatment Clinic, which spans the year), and can select additional elective clinical opportunities. In this way, Fellows have the flexibility to continue to achieve breadth of training, while also developing greater specialization within areas of interest. Fellows have significant input on developing their training experiences throughout the training year. Once Fellows demonstrate an appropriate level of competence in a clinical setting, there are often opportunities to supervise other trainees in these areas.

Both Fellows will have the opportunity to participate in the following clinical settings:

- **Assessment and Treatment Clinic:** Fellows gain advanced skills in conducting comprehensive, biopsychosocial assessments and intakes, case conceptualization, formulation of treatment recommendations, and individual therapy within this clinic for the full training year. In this clinic, Fellows provide short term, evidence-based treatment for patients referred to the Behavioral Medicine Service from across the hospital system. Treatment in this clinic is geared toward helping patients cope effectively with major medical illnesses and invasive treatments, promoting healthy lifestyles, encouraging treatment adherence, and enhancing overall quality of life. Although referrals are broad and varied in focus, common presenting diagnoses include: insomnia, cancer, vision difficulties, tinnitus and other hearing difficulties, diabetes, cardiac conditions, obesity, tobacco use, endocrine disorders, pulmonary conditions, chronic fatigue, and gastrointestinal conditions. Education and skill development specific to interprofessional collaboration and consultation are a central focus in this clinic and cornerstones to providing high quality care. Opportunities for supervising a practicum student or clinical psychology intern exist through this clinic, as well. **Supervisors:** All Behavioral Medicine Staff
- **End Stage Renal Disease Program:** Fellows have the opportunity to serve as a liaison from Behavioral Medicine to the Renal Service and Hemodialysis Unit. Issues addressed with the renal population include adherence to treatment and dietary restrictions, needle phobias and other anxiety reactions, death and dying, coping with a chronic illness, quality of life, family issues, and affective disorders. The model of care in this program is consistent with a consultation liaison approach where care is typically delivered at bedside, while patients are receiving dialysis. This unique experience of working in the context of a critical care unit allows Fellows to learn how to deliver care alongside medical care providers. As the primary liaison from Behavioral Medicine on an interprofessional treatment team with members from social work, nutrition, nursing and medicine, Fellows attend the monthly team meetings where they directly contribute to the individualized treatment plans of all dialysis patients. There is also an opportunity to carry out and evaluate an Innovation Project that was recently awarded to Behavioral Medicine. With funding through this project, dialysis patients are provided with iPads which are used to engage patients in renal education programs. The iPads are also used to enhance the overall patient experience while they are receiving an invasive and chronic treatment, with the goal of improving treatment adherence and overall quality of life. **Supervisor:** DeAnna Mori, Ph.D.
- **Behavioral Sleep Program:** Fellows have an opportunity to provide services for individuals who are suffering from insomnia and other sleep difficulties, including sleep apnea and circadian rhythm sleep disorders. Fellows learn how to conduct a focused sleep assessment, co-lead a sleep education group, provide cognitive-behavioral therapy for insomnia and address CPAP adherence. Former Fellows have taken advantage of opportunities to shadow sleep medicine doctors, as well

as technicians in the sleep lab. There is also the opportunity to supervise other trainees as they lead the sleep group, or in conducting sleep assessments and individual cognitive behavioral treatment. **Supervisor: DeAnna Mori, Ph.D.**

- **Cardiac and Pulmonary Rehabilitation Programs:** The Cardiac and Pulmonary Rehabilitation Programs are both interdisciplinary programs that provide services to patients who need physical, psychological, social, and nutritional rehabilitation due to disabilities resulting from cardiac disease (e.g., MI, angina, coronary artery bypass graft, or congestive heart failure) or pulmonary disease (e.g., COPD, emphysema, cystic fibrosis, etc.). The goal of both programs is to improve the patients' daily functioning through exercise, education and cognitive-behavioral interventions. Fellows have an opportunity to co-lead groups that are part of a larger interdisciplinary rehabilitation program, including cardiologists / pulmonologists, nutritionists, physician's assistants, respiratory therapists, occupational therapists, and exercise physiologists. In addition to honing group co-leadership skills and delivering CBT interventions, Fellows will learn skills in navigating delivery of services within a non-traditional setting (in an exercise room), "selling" mental health services to treatment naïve patients, and interacting effectively with a host of busy disciplines. There are ample opportunities for interprofessional collaboration and interactions, including shadowing the other disciplines who provide care to the patients. Depending on interest and experience in this area, some past Fellows have supervised interns who co-lead these groups. **Supervisor: Amy Silberbogen, Ph.D., ABPP**
- **Pre-Treatment Evaluations:** Fellows will conduct biopsychosocial pre-treatment assessments. Most of the assessments conducted are for the transplant, transgender and bariatric surgery programs, but requests for other types of pre-surgical or pre-treatment evaluations are also received. A team-based approach is used in this clinic, with a staff member conducting the first evaluation and designated trainees taking the lead thereafter, typically with a supervisor and other team members present. We believe that this training model maximizes opportunities to gain experience and build competence in conducting these evaluations. These evaluations are designed to assess appropriateness or readiness for a treatment or surgery and recommendations are made to enhance outcomes. Please see descriptions below for more information specific to each evaluation.
- **Transplant Program:** The Fellows will have the opportunity to evaluate patients who are being considered for all solid-organ (kidney, liver, heart, lung) and stem-cell/bone marrow transplantation to determine their readiness for transplantation. There are also opportunities to evaluate living donors and family members who have been identified as transplant caregivers. Fellows gain knowledge about the medical aspects and process of organ transplantation and become familiar with the National VA Guidelines for Transplantation. Fellows learn how to write a comprehensive yet focused report with very clear behavioral recommendations that is used by medical providers to make treatment decisions. The ethical implications of writing a report and making recommendations that have significant life or death implications for patients is a theme that is discussed regularly. There are many rich opportunities for interprofessional communication and collaboration when conducting these evaluations. VA Boston has recently become a Lung Transplant center, in collaboration with Brigham and Women's Hospital, and Fellows have the unique opportunity to attend weekly interprofessional listing meetings in conjunction with this program. In addition, neuropsychological testing is a component of these evaluations, and Fellows have opportunities to collaborate with the Neuropsychology team. As Fellows build confidence in their advanced skills in conducting evaluations and writing

comprehensive reports, they have the opportunity to supervise evaluations led by Interns. **Supervisors:** Michelle Kovacs, Ph.D., and DeAnna Mori, Ph.D.

- **Transgender Program:** Fellows have the opportunity to conduct pre-treatment evaluations for transgender Veterans who are seeking gender affirming hormone treatment or surgery. The care provided is consistent with the standard of care recommended by the World Professional Association for Transgender Health (WPATH). Considerable attention is given to the importance of providing culturally competent care to this population of individuals who have well documented health and healthcare disparities. Fellows will learn to conduct standardized interviews to ensure that the candidates are well informed and adequately prepared for treatment. A detailed report is prepared with behavioral recommendations focused on enhancing readiness, removing barriers to care, and increasing the likelihood of positive outcomes. These reports are typically prepared for the medical providers who deliver transgender care (e.g., endocrinology, surgery), so Fellows learn how to write a mental health report that is helpful for other providers. There is also the opportunity to participate in interprofessional transgender team meetings with providers from mental health, endocrinology, primary care, social work and speech therapy. By participating with this very active team, Fellows have many opportunities to provide LGBT education to other staff members, and participate in outreach events. **Supervisors:** Michelle Kovacs, Ph.D., and DeAnna Mori, Ph.D.
- **Bariatric Surgery Program (West Roxbury Campus):** Working closely with the interdisciplinary bariatric surgery team (i.e., surgeons, nurse practitioner, and dietitian), the Fellows will have the opportunity to conduct comprehensive evaluations of patients being considered for bariatric surgery to determine their psychological appropriateness for the procedure. Based on these evaluations, Fellows will formulate tailored recommendations to the treatment team about patients' suitability for surgery and provide specific behavior changes that will be necessary pre- and post-surgery to maximize success. The Fellows will also have opportunities to provide short-term treatment to assist patients in making the necessary lifestyle changes both pre- and post-surgery, conduct brief post-surgical assessments to evaluate mental status and adjustment following surgery, co-lead Bariatric Support Groups, and participate in interdisciplinary treatment team meetings. **Supervisor:** Sarah Leone, Ph.D., ABPP
- **Psychology Pain Management Clinic (Brockton Campus):** Fellows will be involved in all aspects of the Psychology Pain Management Clinic, including assisting with consult management, comprehensive assessment, and intervention (group and individual). Interventions center around short-term Cognitive Behavioral Therapy for Chronic Pain (CBT-CP), based on the national Evidence Based Practice (EBP) for Chronic Pain, with additional opportunities to infuse acceptance-based techniques. Fellows will learn advanced skills in delivering interventions that address the impact of pain on quality of life across various domains (e.g. emotional, physical, social), and enhance coping skills for managing chronic pain (e.g. taking an active approach to pain, engaging in healthy lifestyle behaviors, adapting to limitations while remaining engaged in valued activities). Opportunities for interdisciplinary collaboration are abundant, as this clinic receives consults from disciplines including Primary Care, PT, Social Work and Mental Health (among others). Fellows may also have the unique opportunity to assist with organizing Interdisciplinary Pain Panel sessions (e.g. Pharmacy, Nutrition, PT, Neuropsychology), which are offered to Veterans who attend the CBT-CP Group. Finally, there are opportunities for program development and supervision of trainees (Psychology Interns) in this clinic. **Supervisor:** Michelle Kovacs, Ph.D.

Fellows may **elect** to participate in the following clinics/groups/programs:

- **Health Behavior Coordinator (HBC) Experience:** The Veterans Health Administration (VHA) is currently undergoing a national system-wide redesign effort shifting Veteran healthcare to an approach called Whole Health (WH). This experience was designed to offer trainees unique non-clinical opportunities consistent with the HBC role in staff education, program development, and program coordination. Potential opportunities include: collaborating with interdisciplinary staff regarding WH implementation and skill application; developing, facilitating, and coordinating trainings in motivational interviewing (MI) and WH practices; providing clinician coaching and consultation to interdisciplinary staff in MI and WH practices; participating in WH tracking and documentation activities; developing programmatic materials; assisting with employee whole health activities; participating in My Life My Story program with VA Boston Veterans. **Supervisor(s):** Rebecca Ametrano, Ph.D. and Morgan McGillicuddy, Ph.D.
- **Integrated Primary Care Behavioral Health (PCBH):** The PCBH clinic offers co-located, collaborative behavioral healthcare within primary care. The Fellow will receive training in a full range of duties and responsibilities typical of primary care behavioral health providers. These include brief psychosocial assessment, consultation and liaison with primary care providers, triage and/or brief treatment of veterans with a broad range of clinical conditions who present to primary care (e.g., depression, anxiety, trauma, chronic pain, insomnia, adjustment to chronic illness, poor control of chronic disease, poor adherence to treatment regime or suggested lifestyle modifications, substance use disorders). Evaluation and treatment in PCBH are necessarily brief, with a focus on identifying key issues of concern to the primary care patient and on improving functioning, rather than on symptom remission. Standardized self-report measures inform the clinical assessment. The Fellow will learn to develop and carry out brief, evidence-based behavioral treatment plans (e.g., cognitive behavioral treatment, motivational enhancement) for brief mental health and behavioral medicine treatment. Therapies offered in PCBH include brief versions of CBT-I, CBT-CP, CBT for sexual dysfunction, PE for Primary Care, as well as CBT, ACT, and DBT-informed interventions for other MH conditions. Communication and liaison with the Primary Care team is essential. Fellows will develop proficiency in providing individual consultation to primary care staff on behavioral health issues and management of risk. Fellows may also have the opportunity to conduct joint visits or shared medical appointments with medical staff or residents. The Fellow will work in the clinic for a half day at the Brockton site. **Supervisors:** Kristin Gregor, Ph.D., Stephanie Grossman, Ph.D., Nora Keenan, Ph.D., Tessa Lundquist, Ph.D., Sarah Weintraub, Ph.D., Risa Weisberg, Ph.D.
- **MOVE! Weight Management Program:** MOVE! is a national weight management program developed by VA to facilitate the development of self-management skills for Veterans diagnosed with obesity or Veterans who are overweight with high-risk comorbidities. The VA Boston MOVE! Program is an interdisciplinary program that offers ongoing psychoeducation and self-management groups co-led by Behavioral Medicine staff and primary care dietitians. Fellows can participate in the structured, evidence-based, 16-week weight management group and/or the less structured, ongoing weight maintenance group (MOVE! Alumni Group) for Veterans who have completed the 16-week program. In both settings, Fellows will develop skills in offering psychoeducation specific to healthy eating and lifestyle change, self-management skills to support weight loss and healthy living more generally, as well as health coaching and motivational interviewing within a group context. Fellows involved in this program will gain experience

conducting cognitive-behavioral interventions to facilitate weight loss and health promotion within an interdisciplinary environment, and there are many opportunities for clinician coaching, interdisciplinary consultation, program development and evaluation, and supervision of junior colleagues in this clinic. **Supervisor(s):** Rebecca Ametrano, Ph.D., Sarah Leone, Ph.D., ABPP, Morgan McGillicuddy, Ph.D.

- **Psychology Pain Management Clinic:** Fellows have an opportunity to gain skills/advanced skills in pain psychology. These opportunities include chronic pain assessment using a biopsychosocial framework, treatment planning and delivery of evidence-based treatments for chronic pain (e.g., CBT-CP, biofeedback). The Psychology Pain Management program is embedded in the VABHS Pain Clinic, an interdisciplinary pain medicine clinic that includes interventional pain medicine physicians (and fellows), pain neurology, pain psychology, nursing staff, acupuncture, and related professionals. Opportunities to participate in the VABHS Interdisciplinary Pain Clinic, which provides consultative services for challenging patients with chronic pain, are also offered. Opportunities for observation will be available in the interdisciplinary Opioid Reassessment Clinic. Fellows with strong research skills and interests may also seek opportunities for abstract submission/conference presentations and manuscript preparation/publication. **Supervisor:** Diana Higgins, Ph.D.
- **Sexual Health Clinic:** Fellows who elect to participate in the Sexual Health Clinic will have the opportunity to receive unique and specialized training within sexual health, an important area of functioning that is often neglected within mental health and medical settings. Fellows will receive education and training regarding sexual difficulties that impact male and female Veterans, as well as important considerations in talking with patients about such a personal topic. Fellows will learn to conduct a biopsychosocial intake with Veterans referred for difficulties with sexual functioning (through observing the supervisor and, subsequently, being observed), and develop skills in case conceptualization, and formulation of treatment recommendations. Interdisciplinary interactions may include consultation with endocrinology, urology, physical therapy, and/or primary care. Fellows may also pick up sex therapy cases (individual and/or couples) to provide cognitive-behavioral treatment to address the presenting difficulty. Past Fellows have participated in didactic training for medical residents about sexual functioning. There may be opportunities to supervise more junior trainees, depending on interest and experience. **Supervisor:** Amy Silberbogen, Ph.D., ABPP
- **Tobacco Cessation Program:** The Fellows have the opportunity to provide tobacco cessation services in a group format, working in collaboration with other psychology staff and at times, with pharmacy staff. The Tobacco Cessation Program utilizes an evidence-based (e.g. cognitive behavioral, motivational enhancement), interdisciplinary approach to helping Veterans develop personalized SMART goals and quit plans, manage triggers and corresponding urges to use tobacco products, and develop strategies for relapse prevention. The format of the group is unique, blending a drop-in group format (to facilitate immediate access to Tobacco Cessation services) with a core curriculum of evidence-based topics. Fellows may have opportunities to collaborate and interface with providers from Pharmacy and therefore trainees become well-versed in pharmacological interventions for tobacco cessation. There are opportunities for program development and supervision of trainees (Psychology Interns and/or Practicum students) in this program. **Supervisor:** Michelle Kovacs, Ph.D.

- **Healthy Coping and Wellness Groups:** The Behavioral Medicine Program runs three different groups that are designed to promote adaptive coping in the context of chronic illness and/or stress. Fellows may co-lead these groups with more junior trainees, and/or staff (in the case of the Medical Issues Group). In each of these groups, co-leaders learn group management skills and best practices as it pertains to co-leadership. Importantly, Fellows typically provide supervision to more junior trainees in either the Stress Management Group or the Coping with Health Conditions Group (under the supervision of licensed psychologist, Amy Silberbogen, Ph.D., ABPP). This is a rich opportunity to gain experience providing group supervision. See below for additional information regarding Supervision of Supervision training.

The following groups are conducted regularly:

- **Stress Management Group:** The Stress Management Group is a twelve-week manualized group for individuals interested in learning stress management skills. Co-leaders learn skills in providing cognitive-behavioral and ACT based stress management and relaxation techniques to patients with a variety of medical and mental health difficulties. **Supervisor:** Amy Silberbogen, Ph.D., ABPP
- **Coping with Health Conditions Group:** The Coping with Health Conditions Group is a ten-week manualized group for medical patients who also have symptoms of depression. Patients learn cognitive-behavioral strategies to address their negative thoughts and learn ways to cope more effectively with their medical illness. Co-leaders learn skills in providing cognitive-behavioral treatment in the context of medical illness to patients with a variety of chronic illnesses. **Supervisor:** Amy Silberbogen, Ph.D., ABPP
- **Medical Issues Group:** This is an educational/support group for individuals with major medical issues who have typically gone through other Behavioral Medicine programming and are interested in longer term treatment. The focus of this ongoing group is to learn to live a high-quality life, despite having medical issues. Although less structured than the other groups, a topic is covered each week that focuses on helping individuals find adaptive ways to cope with their medical conditions and treatments with the goal of enhancing their quality of life. Fellows can develop and deliver curriculum that is tailored to the group's interests and needs, and also have opportunities to interact with and learn from a broad range of professionals from other services that come as guest speakers to the group. **Supervisor:** DeAnna Mori, Ph.D.

PROGRAM ADMINISTRATION

The Fellows have the opportunity to be the “face” of Behavioral Medicine by managing the Behavioral Medicine consult service during their training year. The aim of this opportunity is to provide Fellows with experience in administering a Behavioral Medicine program so they have a greater understanding of how such a program fits within a larger healthcare system. With training and supervision (often “on the fly” as consults come in, in addition to regularly scheduled meetings), Fellows gain administrative skills and competencies in managing clinic patient flow, providing assessment and triage, consulting with referring parties from all disciplines, and assigning patients to staff and other trainees. They also learn about compliance with local and national performance measures and documentation requirements. These skills are essential for anyone interested in developing and/or leading behavioral medicine programming in the future.

The team of **Supervisors include:** Rebecca Ametrano, Ph.D., Michelle Kovacs, Ph.D., Sarah Leone, Ph.D., ABPP, Morgan McGillicuddy, Ph.D., DeAnna Mori, Ph.D., and Amy Silberbogen, Ph.D., ABPP.

DEVELOPMENT OF SUPERVISORY SKILLS

The Fellows will develop competency in providing supervision to more junior trainees (under the supervision of licensed psychologists) during the course of their Fellowship year. Fellows will have the opportunity to learn how to be a supervisor across many different contexts (group treatment, individual treatment, and assessment/intakes) with different levels of trainees (practicum students and clinical psychology interns), and is inclusive of medical documentation (e.g., note and report writing, administrative follow through). Supervision of supervision consists of active review of the APA Guidelines for Clinical Supervision in Health Service Psychology, and application of these guidelines within their supervisory relationships with more junior trainees. Fellows actively participate in supervision of supervision, reviewing topics such as managing the imposter syndrome, maintaining boundaries, managing trainees with competence or behavioral difficulties, incorporating diversity, and providing feedback, among others. A licensed psychologist will periodically observe Fellows as they provide supervision to more junior trainees throughout the course of the year. This rich supervisory experience will leave Fellows prepared to take on supervisory roles upon program completion. **Supervisors include:** Sarah Leone, Ph.D., ABPP, DeAnna Mori, Ph.D., and Amy Silberbogen, Ph.D., ABPP

STAFF TRAINING

Fellows can engage in various training and teaching activities, including teaching psychology trainees and interprofessional medical center staff. For example, Fellows regularly facilitate Behavioral Medicine didactics through the educational series offered to our predoctoral interns and practicum students. In the past, Fellows have presented on a range of topics that include: Cognitive Behavioral Therapy for Insomnia, Weight Management, Stress Management and Mindfulness Training. Fellows will have the opportunity to present on behavioral health topics during various staff meetings across medical clinics. Please see the elective Health Behavior Coordinator Experience section for additional information about staff training opportunities. **Supervisors include:** Rebecca Ametrano, Ph.D., Michelle Kovacs, Ph.D., Sarah Leone, Ph.D., ABPP, Morgan McGillicuddy, Ph.D., DeAnna Mori, Ph.D., and Amy Silberbogen, Ph.D., ABPP

TEACHING METHODS

There are several methods that are used to train the Behavioral Medicine Fellows, and they include the following:

- **Team Meetings:** Fellows have the opportunity to participate in multiple team meetings throughout the training year.
- **Behavioral Medicine Team Meeting (weekly):** The Behavioral Medicine Team Meeting is a venue for discussing clinical cases, ethical issues, research progress, and current/cutting-edge issues in behavioral medicine. As an example, the rapid shift towards providing Veterans with greater options of receiving care using telehealth modalities has been addressed regularly in this meeting, and training is provided on how to use these approaches safely and effectively. Diversity issues are routinely integrated into our team meeting, and we reserve at least one meeting each month to focus on diversity. Recent discussions and article reviews within our diversity series have included: addressing racism and intolerance in the context of treatment, sexism within the VA, and providing culturally sensitive transgender care. Fellows facilitate this Team Meeting, taking

an active role in organizing and planning the agenda for the meeting during the week by soliciting areas of need from the rest of the team. Fellows are also invited to present on topics based on their interest and expertise.

- **Specialty Clinic Team Meetings:** As indicated in many of the clinical program descriptions above, Fellows have the opportunity to participate in several treatment team meetings with staff from various disciplines. During these meetings, Fellows will learn about chronic conditions from professionals across disciplines (e.g., physicians, dietitians, social workers, pharmacists, nurses), develop interprofessional treatment plans, learn about practice issues relevant to staff in these clinics, conduct presentations, and learn to work effectively on teams with multiple disciplines.
- **Didactic Instruction:** Didactic instruction is interwoven into the Fellowship year in multiple ways. The Behavioral Medicine Program has a weekly team meeting, which incorporates didactics on various topics germane to functioning as a clinical health psychologist, particularly at the start of the year as trainees are learning more about programming and interventions with our patient population. We also invite internal guest speakers throughout the year to provide education to the team about their areas of expertise (e.g., tinnitus management, suicide prevention, implications of the legalization of marijuana). Because the Fellows provide clinical services and consultation in various specialty clinics, they also participate in relevant didactic trainings at the beginning of their experience within each of those clinics.
- **Behavioral Medicine Seminar Series:** To enhance education and training, the Behavioral Medicine Team has developed a Seminar Series in which local and visiting experts will present their research and or clinical expertise to faculty and trainees at VA Boston. There may be opportunities for Fellows to participate in the development of the schedule.
- **Supervision:** Dr. DeAnna Mori is the Director of the Behavioral Medicine Program and provides leadership for the postdoctoral training program in Behavioral Medicine as the Track Coordinator. Each Fellow will be assigned a primary supervisor who will oversee their training experience, while also being supervised by other psychologists for each clinical activity. In addition, the Fellows will have opportunities to work closely with professionals from other disciplines with different areas of expertise, which facilitates mutual learning and mentorship. The Fellows will receive both individual and group supervision throughout the year, and clinical, career development and research issues are key components of the supervision experience in Behavioral Medicine.

Fellows have opportunities to directly observe licensed staff psychologists in practice. For example, Fellows will watch licensed psychologists conduct various evaluations (e.g., pre-treatment, pre-surgical, pain, sexual health) or engage in other clinical or professional activities, and senior staff may co-lead a group with the Fellows. **Supervisors:** Rebecca Ametrano, Ph.D., Michelle Kovacs, Ph.D., Sarah Leone, Ph.D., ABPP, Morgan McGillicuddy, Ph.D., DeAnna Mori, Ph.D., and Amy Silberbogen, Ph.D., ABPP

DIVERSITY FOCUS

Within the Behavioral Medicine Program, we work with a wide range of clinical populations who present for treatment with complex medical comorbidities and/or disabilities. We are uniquely poised to consider health factors and the ways in which illness impacts functioning, psychological health, access to medical care, ability to work, relationships, quality of life, and many other factors. We consider Veteran status and era to be a diversity variable and ensure that early training opportunities include education about these

factors. The majority of our patient population is also economically disadvantaged, and we regularly discuss how this impacts everyday functioning and health behaviors. Race, race-based discrimination and equity in healthcare (access, health outcomes, etc.) are important themes that are addressed during our team meetings, as well as during supervision. We also offer specific training opportunities with marginalized communities, including developing cultural competence in delivering care to transgender Veterans. Within the realm of training and educational opportunities, we hold monthly discussions during our team meetings in which we focus on cases or topics that highlight issues of diversity. Within supervision, we foster an open and accepting supervisory experience to encourage trainees to explore and discuss case conceptualizations that are inclusive of diversity issues. We also routinely address and encourage sensitivity to differences between ourselves and our patients, and encourage trainees to use the Veterans' lens, taking a patient-centered approach to assessment and treatment. Finally, our staff and trainees routinely facilitate trainings and clinician coaching throughout the medical center that incorporates diversity variables and evidence-based guidelines with the goal of helping clinicians to develop cultural competence and ameliorate health disparities among various groups.

RESEARCH

Involvement in behavioral health research is an integral part of the Fellows' training. There are many opportunities to participate in research and program evaluation projects related to behavioral medicine, both within and outside of the Behavioral Medicine Service. When Fellows arrive to VA Boston, they will receive a comprehensive list of existing projects and research opportunities available across the medical center. The Fellows will be encouraged to identify research activities that will expand their current skill set and are expected to devote four hours per week to this endeavor. Of note, this four-hour block is protected in their schedules, and is considered when planning the Fellows clinical activities throughout the year. Fellows may choose to participate in projects led by Behavioral Medicine core supervisors, but are welcome to work with investigators outside of the Behavioral Medicine Clinic, as well. Examples of ongoing research include funded Tai Chi and whole health projects (PI: Dr. Mori). Dr. Silberbogen is also actively involved in educational and training research, and there may be opportunities available to participate in this unique research area.

Recent graduated Fellows have been involved in the following research projects:

- Development of manuscripts using data from a completed clinical trial of an internet-based CBT for chronic pain program for veterans. (Higgins)
- Program evaluation of the Pulmonary Rehabilitation Program, including analyzing pre- and post-rehabilitation data. The Fellow plans on submitting findings to a conference and/or journal. (Silberbogen)
- Development of a national survey to assess current practices in internship didactics; data has been presented at three conferences and has been accepted for publication. (Silberbogen)
- Development of a manuscript focused on talking with patients about sexual functioning and health. (Silberbogen)
- Development and submission of several small VA grants. A recent example is a VA Innovation Grant that was obtained by Fellows to purchase iPads for dialysis patients to improve their overall satisfaction and adherence to dialysis treatments, and enhance their quality of life. (Mori)
- With support from Research Administration, Fellows developed a training program for research assistants to address participant perpetrated harassment. Fellows have also been involved in presenting program evaluation data from this training program in manuscripts and at National conferences. (Mori)

- Involvement in an RCT evaluating the effectiveness of novel interventions (i.e., Tai Chi and Wellness groups) for Gulf War Illness. Fellows have participated by running groups, conducting smaller pilot studies, running analyses and presenting data at National conferences and in publications. (Mori)
- Program evaluation of the Medical Issues Group using qualitative methods. The results of this evaluation are currently being written up for publication by a Fellow. (Mori & Kovacs)
- Program evaluation of the Brief Behavioral Sleep group using both quantitative and qualitative methods. The results of this evaluation were presented locally and are being used to enhance current programming. (Mori & Kovacs)

► Selected recent publications from our **staff** (highlighted). Former trainees are marked with an *:

Ametrano, R. M., Constantino, M. J., & Nalven, T. (2017). The influence of expectancy persuasion techniques on socially anxious analogue patients' treatment beliefs and therapeutic actions. *International Journal of Cognitive Therapy*, 10, 187-205.

Bamonti, PM, Wiener, CH*, Weiskittle, R*, Goodwin, C*, **Silberbogen, A. K**, Finer, E, Moy, ML. (in press). The Impact of Depression and Exercise Self-Efficacy on Benefits of Pulmonary Rehabilitation in Veterans with COPD. *Behavioral Medicine*.

Goodwin, C.L.,* Driver, J.A., Shipherd, J.C., Yeterian, J.D.*, & **Mori, D.L.** (2021). *Fallen between the cracks: Protecting research-staff from participant-perpetrated harassment*. *Journal of Empirical Research on Human Research Ethics*. Advanced online publication.
<https://doi.org/10.1177/15562646211028010>

Heapy AA, **Higgins DM**, Driscoll M, LaChappelle KM, Goulet JL, Czapinski RA, Buta E, Piette JD, Krein SL, Kerns RD. Interactive voice response-based self-management for chronic back pain: The COPES non-inferiority randomized trial; *JAMA Internal Medicine*, 2017;177(6):765-773. doi: 10.1001/jamainternmed.2017.0223

Heapy AA, Driscoll MA, Buta E, LaChappelle KM, Edmond S, Krein SL, Piette JD, Mattocks K, Murphy JL, DeBar L, MacLean RR, Ankawi B, Kawecki T, Martino S, Wagner T, **Higgins DM**. Co-Operative Pain Education and Self-management (COPES) Expanding Treatment for Real-world Access (ExTRA): Pragmatic trial protocol, *Pain Med*, 2020;21(12 Suppl 2):S21-S28. doi: 10.1093/pm/pnaa365.

Higgins DM, Martin AM, Baker DG, Vasterling JJ, Risbrough V. The relationship between chronic pain and neurocognitive function: A systematic review; *Clin J Pain*, 2018; 34(3):262-275. doi:10.1097/AJP.0000000000000536.

Higgins DM, LaChappelle K, Serowik KL, Lee A, Driscoll MA, Heapy AA. Predictors of engagement in a non-pharmacological intervention for chronic back pain; *Pain Medicine*, 2018; 19(Suppl 1): S76–S83. <https://doi.org/10.1093/pm/pny077>.

Higgins DM, Buta E, Williams DA, Halat A, Bair MJ, Heapy AA, Krein SL, Rajeevan H, Rosen MI, Kerns RD. Internet-based pain self-management for veterans: Feasibility and preliminary efficacy of the Pain EASE program, *Pain Pract*, 2020; 20(4):357-370. doi: 10.1111/papr.12861.

Higgins DM, Heapy AA, Buta E, LaChappelle KL, Serowik K, Czapinski R, Kerns RD. A randomized controlled trial of cognitive behavioral therapy compared with diabetes education for diabetic peripheral neuropathic pain, *J Health Psychol*, (in press).

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Geropsychology

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Location: VA Boston Healthcare System
Brockton and Jamaica Plain Campuses

Number of Fellows: *Two full-time Fellows* are accepted each year.

OVERVIEW

The program aims to train Fellows for specialized practice in Geropsychology by becoming independently practicing psychologists with expertise in assessment, intervention, consultation, and research with older adults, their families, and related care systems. Our program is designed to be consistent with the American Psychological Association's *Guidelines for Psychological Practice with Older Adults* (APA, 2013), the *Pikes Peak Model for Training in Professional Geropsychology* (Knight, Karel, Hinrichsen, Qualls, Duffy, 2009), and the Fellowship requirements for Board Certification in Professional Geropsychology via the American Board of Professional Psychology (ABPP). Our Geropsychology training program won the Excellence in Geropsychology Training Award given by the Council of Professional Geropsychology Training Programs in both 2017 and 2018.

GOALS

The goal of the Geropsychology Postdoctoral Fellowship track is to produce independently functioning professional psychologists who achieve a proficient level of competence in the majority of attitude, knowledge, and skill competency areas deemed important for geropsychology practice by experts in the field. Many prior Fellows have had extensive geropsychology training in graduate school and internship, while others have come from backgrounds in behavioral medicine, integrated care, or neuropsychology and solidify their professional aging-focused identities while on Fellowship. The Geropsychology program embraces the four core components of the Fellowship's postdoctoral training model: nurturing unique personal attributes of each Fellow; modeling a scientist-practitioner model of training; providing a range of training settings to allow both breadth and depth of training; and encouraging Fellows to develop confidence in collaborating and consulting with other disciplines in multidisciplinary and interprofessional care environments. Further, geropsychology training emphasizes the diversity of experience of older adults, the complex ethical dilemmas that can arise in geriatric care, the importance of advocacy for clients' needs, and the consolidation of the Fellow's professional identity as a geropsychologist.

Training objectives include development of clinical competencies in the following areas:

- Clinical care across several settings that serve a diverse population of older adults;
- Psychodiagnostic interviews and differential diagnosis with older adults with complex medical, psychiatric, cognitive, and social comorbidities;
- Psychotherapy with older adults in individual and group modalities;
- Collaboration with interprofessional health care teams;
- Collaboration with psychiatric prescribers in psychopharmacological interventions;
- Consultation and staff education on psychological/behavioral issues;
- Cognitive evaluations and recommendations to teams;
- Evaluations of decision making and other functional capacities;
- Comprehension, application, and dissemination of clinical geropsychology research base;
- Geropsychology program development and evaluation, research, and/or quality improvement;
- Supervision of junior trainees working with older adults;
- Administration/leadership in clinical, didactic, and/or research team settings.

CLINICAL SETTINGS

Geropsychology training is offered across seven possible rotations. The amount of time spent weekly in each setting is determined by an initial assessment of the trainee's learning needs, professional interests, and supervisor availability. Fellows work with the track coordinator to design a program that includes training in three major competency areas (i.e., intervention, assessment, and consultation), with the possibility of a continuity experience (i.e., a geropsychology rotation/experience that spans across the entire year of training). Trainees complete no less than three rotations during the year, and it is recommended that they work in no more than three settings at a time. **All Fellows are required to complete a major rotation in Outpatient Geriatric Mental Health for a minimum of 6 months or a minor rotation for 12 months.**

Note: ** indicates primary Geropsychology rotations than can be chosen as a continuity experience.

**** Geriatric Mental Health Outpatient Clinic:** Based at the Brockton and Jamaica Plain campuses, this outpatient clinic provides psychodiagnostic assessment, psychotherapy (individual and group) and psychopharmacology services to older Veterans with a wide range of medical, neurological, and psychological/psychiatric comorbidities. Collaborative, interprofessional care is emphasized. Fellows attend a weekly interprofessional team meeting and often collaborate with primary care, social work, dementia care coordination, psychiatry, and specialty providers. Fellows complete at least one psychodiagnostic intake assessment each month. Fellows lead or co-lead at least one time-limited psychotherapy group. Examples of time-limited groups that have been offered in the clinic are acceptance and commitment therapy, bereavement, aging and memory, cognitive behavioral therapy for insomnia, trauma and aging, mindfulness, and guided autobiography. Fellows are also encouraged to develop and/or implement new groups. Additionally, Fellows will supervise predoctoral interns and occasionally have the opportunity to supervise a psychology practicum student. **Supervisors:** Patricia Bamonti, Ph.D., ABPP and Jennifer Moye, Ph.D., ABPP

****Community Living Center (CLC):** Based at the Brockton campus, the Community Living Center is a four-unit, ~100 bed inpatient facility that includes an active 60 bed sub-acute rehabilitation service, long-term care, hospice and palliative care, and a caregiver respite program. The facility serves a broad mix of mostly older, medically frail, and psychiatrically and/or cognitively impaired residents. In this setting, the mental health team (psychology and psychiatry) operates as a consult-liaison service,

responding to consults in the CLC. The Fellow has the opportunity to work with interprofessional teams in both long-term care and rehabilitation settings providing assessment (cognitive and capacity), intervention, consultation, behavior management, and staff education. Fellows with a particular interest in hospice and palliative care may elect to participate in a focused rotation in the inpatient hospice and palliative care unit. In this role, the Fellow would serve as the primary Mental Health consultant to the unit, attending weekly team meetings and providing a range of services to Veterans and their families, including support, psychoeducation, therapy, assessment, and behavior management. In the CLC, Fellows may gain experience providing clinical supervision to predoctoral interns in the CLC and engage in administrative opportunities managing the CLC consult point.

Supervisor: Kelly O'Malley, Ph.D.

****Home Based Primary Care (HBPC):** Based at the Brockton and Jamaica Plain campuses and at the Lowell CBOC, these three interprofessional teams provide patient-centered assessment and treatment to home-bound Veterans and their caregivers. The goal of the program is to improve access to care and reduce health disparities for Veterans with chronic and end-stage medical conditions such as heart failure, COPD, ALS, and neurocognitive disorders. The HBPC Psychologist plays a key role on the integrated health care team. This population has complex care needs, allowing Fellows to consolidate skills learned in other settings. The HBPC rotation is tailored to the Fellow's preferences and training goals, with an emphasis on in-home interventions, interprofessional consultation, and capacity assessment. Interventions provided may include brief individual psychotherapy (e.g., Problem Solving Therapy), caregiver education and skills training, and telephone/virtual groups for patients and caregivers. Fellows participate in weekly interprofessional team meetings, presenting cases and collaborating on patient-centered care plans. **Supervisors:** Michelle Mlinac, Psy.D., ABPP and Tara McBride Afonso, Psy.D.

PTSD and Aging: Based within the Outpatient Geriatric Mental Health (Brockton campus) and the PTSD Clinic (Jamaica Plain campus), this minor rotation provides specialty training in the treatment of PTSD in older adults and related processes (Late Adulthood Trauma Re-engagement). Fellows receive training in the delivery of Cognitive Processing Therapy (CPT) with older adults and group psychotherapy for Veterans with PTSD symptoms. As part of this experience, Fellows must commit to attending the two-day CPT workshop held in the fall and attend weekly CPT case consultation. Two completed CPT cases are required to receive official certification in CPT. However, successful graduation is not dependent on completing certification. Fellows who select to rotate in this setting will carry a caseload of two individual cases and co-lead at least one group focused on PTSD and late life (e.g., Trauma and Aging group). **Supervisors:** Anica Pless Kaiser, Ph.D. and Jennifer Moye, Ph.D., ABPP.

Palliative Care: This rotation provides specialty training in Palliative Psychology via clinical work in one or more of the Outpatient Palliative Care Clinics and the Brockton Palliative Care Consult Team (PCCT). In this role, Fellows operate from a team perspective and serve as the primary Mental Health consultant to the PCCT, attend Palliative Care clinic visits jointly with the MD/Nurse Practitioner, and provide a range of outpatient psychotherapy services to Veterans followed by the Palliative Medicine service. Fellows will assist with goals of care conversations, provide consultation on mental health conditions that affect one's ability to manage their life-limiting illnesses, provide consultation to teams related to the management of serious illnesses, and will provide outpatient psychotherapy to Veteran's with life-limiting illnesses. **Supervisor:** Kate Hinrichs, Ph.D., ABPP.

Geriatrics Clinic: The Geriatrics Clinic is an outpatient specialty clinic focused on providing care to Veterans as they age, working with Primary Care and other subspecialists to maximize Veteran independence and managing medical conditions associated with aging. The interprofessional team in the Geriatrics Clinic includes geriatric-trained physicians, nurse practitioner, social work, Neuropsychology/Geropsychology, and pharmacy. Geropsychology Fellows function as members of the interprofessional team within the Geriatrics Clinic located at the Brockton campus. They attend team huddle at the beginning of the clinic day and are available throughout the one half-day clinic for consultation, brief cognitive and/or psychological assessments (e.g., MoCA, mood assessment), provision of recommendations focused on maximizing cognition, health, and mood for the Veteran, and providing caregiver support as appropriate. Geropsychology Fellows also complete, as clinically indicated, longer targeted cognitive assessments with associated documentation. **Supervisor:** David Marra, PhD.

Geriatric Outpatient Neuropsychology: Based at the Brockton campus with optional didactics at the Jamaica Plain campus, the Fellow completes outpatient neuropsychological assessments of mostly older adults and provides feedback to Veterans and their families. Typical referral questions include differential diagnosis of dementia, assessment of severity of impairment for neurodegenerative disorders of aging and their precursors (e.g., MCI, dementia), differentiation of dementia versus psychiatric illness, substance related factors, or other modifiable factors affecting cognition, and assessment of cognition in the context of multiple medical comorbidities. Emphasis is placed upon understanding and interpreting relevant medical history, symptoms in relation to neurologic disease, assessing cognitive symptoms and their relationship to neuropsychological DSM-5 disorders in the elderly, development of clear decision-making strategies for diagnosis in older adults, delivery of patient-centered feedback, and application of relevant strategies to optimize cognition among older adults. **Supervisors:** Deepa Acharya, Ph.D., ABPP/cn

TEACHING METHODS

Fellows develop advanced skills in professional Geropsychology through closely supervised and increasingly autonomous clinical practice across a continuum of geriatric care in assessment, intervention, consultation, and research/program evaluation.

REQUIRED DIDACTICS:

- Geriatric Mental Health Seminar (one hour weekly);
- Individual Supervision (required 2 hours per week across rotations);
- Group supervision for one hour bi-weekly in the Geriatric Mental Health Clinic;
- Team Meetings (varies by rotation).

AVAILABLE/OPTIONAL DIDACTICS:

- Decision Making Capacity and Ethical Issues in Aging archived webinar (one hour monthly);
- VA Multi-Site Geropsychology Seminar (one hour weekly);
- Care for Patients with Complex Problems (CP)2: Promising Practices (one hour monthly)
- Psychiatry Grand Rounds (one hour monthly);
- ACT (Acceptance and Commitment Therapy) Lecture Series Webinar (one hour monthly);
- ACT Group Consultation (two hours monthly);
- Neurobehavioral Rounds (two hours monthly);
- Neurology Memory Disorders Case Conference (one hour weekly);
- Epilepsy Seminar (one hour weekly);

- Neuroimaging Journal Club (one hour per month);
- Neuropsychology and Neuroimaging Lecture Series (two hours weekly);
- Multiple educational offerings at affiliated institutions.

SUPERVISION

Fellows receive both individual and group supervision throughout the year. The length of individual supervision meetings in each setting is congruent with the number of clinical hours each week. For example, if a Fellow is in a setting for 8 hours per week, he or she would receive approximately 30 minutes of weekly individual supervision; whereas, a Fellow who is in a setting for more than 8 hours per week would receive at least 60 minutes of weekly individual supervision. Fellows participate in an additional hour of group supervision per setting when rotating in the Geriatric Mental Health Clinic.

Training in the provision of supervision is an important part of professional development. Fellows supervise at least one psychology intern during the training year. Occasionally, there are opportunities to supervise a practicum student, social work student, or nurse practitioner resident. Fellows receive supervision of supervision throughout the training year as they learn about supervisory issues and refine their supervision skills.

LEADERSHIP AND PROFESSIONAL SERVICE

Service to the field of Geropsychology is an important part of professional development. Our Geropsychology supervisors have held and currently hold leadership positions across a number of organizations, including but not limited to APA's Committee on Aging, Council of Professional Geropsychology Training Programs (CoPGTP), Society for Clinical Geropsychology (APA Division 12, Section 2), Psychologists in Long Term Care (PLTC), The American Board of Geropsychology, the Aging Committee of the Society for the Psychology of Sexual Orientation and Gender Diversity (APA Division 44), and the Gerontological Society of America, as well as editor of *Clinical Gerontologist*. Fellowship is an important period of transition in one's professional identity, and our faculty is uniquely positioned to offer mentorship on professional development in leadership and service to the field of Geropsychology. Our Fellows have served as student representatives for CoPGTP and PLTC during their Fellowship year.

DIVERSITY FOCUS

Across Geropsychology rotations, clinicians and trainees operate from a lifespan perspective in which the Veteran's range of life experiences are taken into consideration when conceptualizing presenting problems. Older adults are the most heterogeneous population due to a wide range of factors related to life experiences and other factors of diversity (e.g., disability, SES, race/ethnicity, religion). Thus, we attend to the intersection of diversity variables (i.e., age and other diversity factors) in our clinical work and research endeavors. Within the Geropsychology track, diversity variables are formally addressed in initial intake sessions for psychotherapy, as well as in other formal assessments (e.g. cognitive testing or capacity evaluations). Our trainees are presented with many opportunities to learn to adapt interventions and assessments to match their patient's unique needs and are provided supervision on such. There are several special diversity topics (in addition to age) that are covered in the weekly Geriatric Mental Health Seminar Series (e.g. LGBT Aging, adjusting testing norms for diversity-related factors, assessing functional abilities, disability in aging). Further, there are frequently opportunities in Geropsychology for trainees to address specific diversity factors in teaching (via presentations in weekly seminar) and research (via research or writing collaborations with supervisors, or on mentored individual projects). Addressing and

deepening our understanding of intersectionality, ageism, and issues of social justice, is an essential component to comprehensive Geropsychology training and is a highly valued aspect of the VA Boston Geropsychology training program.

RESEARCH AND/OR PROGRAM DEVELOPMENT

Fellows typically spend up to one day per week devoted to research, writing, and/or program development or program evaluation activities. As part of the initial training discussion, Fellows define research/program evaluation goals for the year and choose a faculty advisor for these activities. Our goal is to provide a research training experience that supports the trainee's goals. We recognize and celebrate the diverse forms that scholarly activity may take. Broadly speaking, we want you to “be a part of the scholarly world” – learn to think critically, ask questions, and develop data-based answers. Within our Geropsychology program, we engage in clinically applied research, program evaluation and quality improvement focused on improving the quality of care for older patients with complex comorbidities, and research in geriatric education. Our projects range from large-scale grant-funded research to small-scale evaluation of clinical interventions. We also engage in research to improve the quality of our training program.

RESEARCH INTERESTS:

- Decision making capacity assessment and decision making for older adults who lack surrogates;
- Ethical issues in interprofessional care (e.g., boundaries within disciplines, complex clinical cases, autonomy/beneficence ethical dilemmas within the caregiver/patient dyad)
- Program evaluation for Geriatric Mental Health Clinic psychotherapy program (e.g., Bereavement, Autobiography, CBT for Insomnia, ACT, Mindfulness, etc.);
- Program evaluation for Community Living Center (e.g., Culture Transformation Initiative, Behavior Management Teams, Dementia Care, Hospice and Palliative Care);
- Palliative care/chronic illness and end-of-life care planning;
- Adjustment and coping with chronic illness and disability;
- Geropsychology training and geriatric education;
- LGBTQ+ aging;
- Mental health integration in Home Based Primary Care;
- Caregiving and caregiver interventions;
- Cognitive assessment in Primary Care.

POSSIBLE RESEARCH ACTIVITIES:

- Co-write book chapters or review articles when available;
- Write a case study;
- Analyze existing data and write up results for a presentation or paper;
- Collect and analyze pre- post-data from our time-limited group therapy program in the Geriatric Mental Health Clinic and write up the results for a presentation or a paper;
- Develop and evaluate a group therapy protocol;
- Develop and evaluate new educational programs for staff in HBPC (e.g., behavioral medicine interventions, suicide prevention);
- Develop and evaluate initiatives/programs in the Community Living Center;
- Assist with evaluating the implementation of Whole Health strategies in HBPC;

- Co-coordinate annual GRECC conference and evaluate outcomes;
- Participate in monthly editorial team calls for a journal and assist with evaluating the process;
- Assist with survey of clinicians, attorneys, guardians, and geriatricians about decision making for “unbefriended adults”;
- Assist with needs assessment and curricula planning for VISN wide geriatric education;
- Participate in educational survey research of Geropsychology training;
- Participate in educational survey research of training in quality improvement;
- Participate in Office of Rural Health funded research, interviews, and educational resource development focused on late life and end of life PTSD

SELECTED PUBLICATIONS:

Selected publications from the past four years (asterisks denote current or past trainees and bolding denotes geropsychology faculty):

* = trainee

PTSD & Aging:

O’Malley K, Etchin A, Auguste EJ, Pless Kaiser A, Korsun L, Weiskittle R*, Bashian H*, Sager Z & **Moye, J.** (2022) Advancing Trauma-informed care education for Hospice and Palliative Staff: Development and Evaluation of Educational Videos. *The Journal of Hospice and Palliative Nursing*; 24(1).

Pless Kaiser, A., O’Malley, K., Moye, J., Etchin, A., Korsun, L., Weiskittle, R.*, Bashian, H.*, Kemp, K., & Sager, Z. (in press). Hospice and Palliative Care Providers’ Perceptions of Posttraumatic Stress Disorder at End-of-Life in Military Veterans. *Progress in Palliative Care*.

Boyle J,* **O’Malley K, Bamonti P.M.**, Pless Kaiser A, Sager Z, **Moye J.** Later Adulthood Trauma Re-Engagement in Veterans: Development, Evaluation, and Refinement of a Psychoeducation Group. Presentation at the 128th Annual Meeting of the American Psychological Association, Washington DC, July 2020.

Pless Kaiser, A., Cook, J. M., Click, D. M., & **Moye, J.** (2019). Posttraumatic stress disorder in older adults: A conceptual review. *Clinical Gerontologist*, 42(4), 359-376.

O’Malley, K. A., Bamonti, P.M, Graham, K.,* Smith, R.,* Gurevitch, J.,* & Pless Kaiser, A. (2019, November). Later-Adulthood Trauma Reengagement in Vietnam Veterans With PTSD: Findings from a program evaluation project. Poster to be presented at the Gerontological Society of America’s annual convention, Austin, TX.

Glick, D. M., Cook, J. M., **Moye, J.**, & **Pless Kaiser, A.** (2018). Assessment and treatment considerations for post-traumatic stress disorder at end of life. *American Journal of Hospice and Palliative Medicine*, 35(8), 1133-1139.

Capacity and Functional Assessments:

Hinrichs KLM & Smith RW*. Working with Surrogates who may Lack Capacity or be Unfit. In J. Moye (Ed.), *Assessing Capacities of Older Adults: A Casebook to Guide Difficult Decisions*. Washington, DC: American Psychological Association. 2020.

- Mlinac, M.** & Steadman-Wood P. Assessment of independent living capacity in the context of elder self-neglect. In: Moye J, (editor). *Assessment of Older Adults with Diminished Capacity: A Casebook for Resolving Pragmatic and Ethical Challenges*. Washington DC: APA Books; 2020.
- Moye J**, Stolzmann K, Auguste EJ, Cohen AB, Catlin CC, Sager ZS, Weiskittle RE*, Woolverton CB*, Connors HL, Sullivan JL. End-of-Life Care for Persons Under Guardianship. *J Pain Symptom Manage*. 2021 Jul;62(1):81-90.e2Epub 2020 Nov 16.
- Strong, J. S.*, **Bamonti, P.**, Jacobs, M. L., & **Moye, J. A.** (2019). Capacity assessment training in geropsychology: Creating and evaluation an outpatient capacity clinic to fill a training gap. *Gerontology and Geriatrics Education*. Advance online publication.
- Moye, J.**, Catlin, C.*, Kwak, J.*, Wood, E., Teaster, P.B. (2017). Ethical concerns and procedural pathways for patients who are incapacitated and alone: Implications from a qualitative study for advancing ethical practice. *Healthcare Ethics Forum*, 29(2), 171–189.
- Page, K.S.*, & **Hinrichs, K.L.M.** (2017). Swimming against the tide: A case study on the removal of conservatorship and guardianship. *Clinical Gerontologist*, 40 (1), 35-42.

Education and Training:

- Jacobs, ML & **Bamonti P.M.** Clinical Practice: A Foundational Geropsychology Knowledge Competency. *Clinical Psychology: Science and Practice*. 2021 (Accepted for publication)
- Jacobs, M. L., & **Mlinac, M. E.** Healthcare quality improvement competency: A clinical and training imperative for geropsychology. *Journal of Clinical Psychology in Medical Settings*. 2021. (Accepted for publication).
- Jacobs, M. L., & **Bamonti, P. M.** (2019). Clinical training concerns in mental health service provision to older persons. In B. Knight's (Ed), *The Oxford Encyclopedia of Psychology and Aging*. Oxford University Press.
- Moye J**, Karel MJ, Stamm KE, Qualls SH, Segal DL, Tazeau YN, DiGilio DA. Workforce analysis of psychological practice with older adults: Growing crisis requires urgent action. Training and Education in Professional Psychology. 2019; 13(1): 46-55.
- Melchert, T. P., Berry, S., Grus, C., Arora, P., De Los Reyes, A., Hughes, T. L., **Moye, J.**, Oswald, F. L., & Rozensky, R. H. (2018). Applying task force recommendations on integrating science and practice in health service psychology education. *Training and Education in Professional Psychology*. 2019; 13(4): 270-278.
- Moye, J.**, Molinari, V. A., Karel, M. J., Naik, A. D., Sakai, E., & Carpenter, B. D. (2018). Come, join, lead: Attracting students to careers in aging and promoting involvement in gerontological societies. *Gerontology and Geriatrics Education*, 39(3), 374-384.

LGBT and Aging:

- Correro II A.N.*, **Hinrichs, K.L.M.**, & Nathan S. (2021) My Life, My Story and Identity Disclosure among Transgender and Gender Diverse Veterans: A Program Evaluation. *Transgender Health*. [Epub ahead of print].
- Candrian C., & **Hinrichs K.L.M.** (2021). The impact of intersectional stigma on health outcomes: The case of an older lesbian veteran. *Journal of Gay & Lesbian Social Services*. 33(3):291-299.
- Hinrichs, K. L. M.**, & Christie, K. (2019). Focus on the family: A case example of end-of-life care for an older LGBT veteran. *Clinical Gerontologist*, 42(2), 204-211.

Smith, R. W.*, Altman, J., Meeks, S., & **Hinrichs, K.L.M.** (2019). Mental health care for LGBT older adults in long-term care settings: Competency, training, and barriers for mental health providers. *Clinical Gerontologist*, 42(2), 198-203.

Hinrichs, K.L.M. & Donaldson, W. (2017). Recommendations for use of affirmative psychotherapy with LGBT older adults. *Journal of Clinical Psychology: In Session*. 00(0), 1-9.

Long-Term Care, Rehabilitation, and Palliative Care:

Molinari, V., Edelstein, B., Gibson, R., Lind, L., Norris, M., Carney, K., Bush, S., Heck, A., **Moye, J.**, & Hiroto, K. Psychologists in Long Term Care Guidelines for Psychological and Behavioral Health Services in Long-Term Care Settings. Professional Psychology: Prof Psychol Res Pr. 2021 Feb;52(1):34-45. Epub 2020 Apr 2.

Strong J.V.*, Plys E.*, **Hinrichs, K.L.M.**, Hartmann C., & McCullough M. (2021). Music for your Mental Health? The Development and Evaluation of a Group Mental Health Intervention for Short-Stay Nursing Home Residents. *Aging & Mental Health*. [Epub ahead of print].

Hinrichs, K.L.M., Woolverton, C.B.*, & Meyerson, J.L.. (2021) Help me understand: Providing Palliative Care to Individuals with Serious Mental Illness. *American Journal of Hospice and Palliative Medicine*. [Epub ahead of print].

O'Malley KA, Blakley LA, Ramos K, Torrence N, & Sager ZS. Mental health care and palliative care: Barriers. *BMJ Journal of Palliative and Supportive Care*. 2020 Jan 13.

Bamonti PM, Smith A, Smith HM. Cognitive Emotion Regulation Strategies Predict Burnout in Geriatric Nursing Staff. *Clin Gerontol*. 2020 Oct 22:1-9. doi: 10.1080/07317115.2020.1829230. Online ahead of print. PMID: 33090948

Strong JV*, Plys E*, Hartmann C, **Hinrichs, KLM**, McCullough M. Strategies for implementing group mental health interventions in a VA community living center. *Clinical Gerontologist*. 2020. [Epub ahead of print].

Meyerson JL, McKinell K, Nathan S, Skarf LM & **Hinrichs KLM**. Rally the Troops: Interdisciplinary Response to a Veteran who Attempted Suicide on a VA Hospice Unit. *Journal of Palliative Medicine*. 2019. [Epub ahead of print].

Hinrichs KLM, Steadman-Wood, P, Meyerson JL. ACT now: The intersection of acceptance and commitment therapy with palliative care in a veteran with chronic suicidal ideation. *Clinical Gerontologist*. 2019; 43(1):126-131.

Gerolimatos, L. A*., Page, K. S.*, Balestracci, P., & **Hinrichs, K. L. M.** (2018). Interdisciplinary development and implementation of a dementia skills training program in a VA Community Living Center: A Pilot Study. *Geriatric Nursing*, 39(4), 400-406.

Advanced Illness:

Moye J, Driver JA, Owsiany MT, Chen LQ, Cruz Whitley J, August EJ, Paik JM. Assessing What Matters Most in Older Adults with Multi-Complexity. *Gerontologist*. 2021 May 27:gnab071.

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Interprofessional General Mental Health

Track Coordinator: **WILLIAM BOWE, PH.D.**
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Location: VA Boston Healthcare System
Jamaica Plain Campus

Number of Fellows: Two full-time Fellows are admitted each year.

Length of Training: One year.

OVERVIEW

The Interprofessional General Mental Health track is offering two Fellowship positions for the 2022– 2023 training year through the Boston VA Healthcare System (VABHS). **Fellow 1** will spend four days per week at the Jamaica Plain campus and one day per week at the Brockton campus. **Fellow 2** will spend three days per week at the Brockton campus and two days per week at the Jamaica Plain campus. As described in more detail below, the responsibilities and learning experiences of both Fellows significantly overlap. Please refer to Table 1 at the end of this track description for a summary of the similarities and differences between the two positions. Please indicate on your cover letter whether you would like to be considered for the **Fellow 1** position, **Fellow 2** position, or **both Fellow** positions. Applicants commonly express interest in both positions and are encouraged to apply for both.

The Postdoctoral Fellows will deliver services and receive training through the General Mental Health clinics (GMHCs) at the Brockton (BR) and Jamaica Plain (JP) campuses. The BR and JP GMHCs are key entry points into mental health (MH) services for many patients in VABHS (e.g., GMHCs receive over 800 referrals per year), and provide evidence-based evaluation, psychotherapy, case management, and psychopharmacology for a range of mental health difficulties, as well as treatment referrals to mental health specialty clinics. Both Fellows will also train in Primary Care Behavioral Health (PCBH) clinics. **Fellow 1** will spend two half-days per week in PCBH at the JP campus, while **Fellow 2** will spend one half-day each week in PCBH at the BR campus. Through the various clinics, Fellows will gain substantial experience functioning as part of interprofessional teams comprised of psychologists, psychiatrists, nurses, social workers, physicians, and health technicians.

GOALS

Training will foster the development of assessment, treatment, and consultation skills. The Fellowship position is structured to enhance communication across specialty mental health services and primary care. The Fellows will develop skills as liaisons between these services to coordinate care, identify and

manage patients at high risk for suicide or other violence, and reduce stigma associated with mental health treatment. Fellows will gain additional experience in supervision, program development, and clinical research. Opportunities may also be available to acquire experience with administrative projects associated with running and managing a mental health clinic.

- **GENERAL MENTAL HEALTH CLINICS (MOOD AND ANXIETY DISORDERS SUBSPECIALTY):** Through the GMHCs, Fellows will gain experience in evaluating and treating a broad array of mental health disorders. A primary focus of the GMHCs is the provision of services to veterans with a variety of psychological disorders who could benefit from time-limited treatment (e.g., veterans with adjustment disorders, veterans dealing with loss and bereavement, veterans with multiple mental health and medical comorbidities that are not best treated in a specialty clinic).

The GMHCs also subspecialize in differential diagnosis of mood and anxiety disorders and are the primary recipients of referrals for veterans struggling with significant depressive, manic, anxiety, or obsessive-compulsive-related symptoms. Fellows will complete diagnostic and suicide risk assessments, including structured clinical interviews (e.g. SCID) and standardized self-report measures. Treatments are primarily evidence-based (e.g., cognitive-behavioral, acceptance-based approaches) and involve both individual and group modalities. Historically, Fellows have learned and implemented various evidence-based psychotherapies such as Acceptance and Commitment Therapy (ACT) for depression, Cognitive-behavioral Therapy (CBT) for depression, CBT for insomnia, exposure and response prevention for obsessive-compulsive disorder, cognitive-behavioral and exposure approaches to treating panic disorder, generalized anxiety disorder, and social anxiety disorder, and habit reversal for tic disorders, trichotillomania, and excoriation disorders. Given the complex and multifaceted presentations in the clinics, the track heavily emphasizes using cognitive-behavioral and acceptance-based approaches flexibly, with attention to targeting transdiagnostic processes maintaining psychopathology.

Fellows will also develop expertise co-leading several evidence-based group psychotherapies and providing clinical supervision in the GMHCs. Both Fellows will have the opportunity to co-lead a transdiagnostic Anger Management Group with a GMH intern at the JP campus, and will co-lead together a transdiagnostic ACT Group at the BR campus. Additionally, both Fellows will have the opportunity to work closely with staff and other trainees co-leading other groups such as the Dialectical Behavior Therapy (DBT) Skills Group, CBT for Depression Group and transdiagnostic, Unified Protocol Group. Specific experiences will be determined through consideration of the Fellows' training interests, goals, and demand for these clinical services. As an additional training experience, Fellows will supervise individual therapy cases of each of the interns and will receive weekly supervision of their supervision.

The Fellowship emphasizes an interprofessional and collaborative approach to education and clinical practice. Fellows will co-treat Veterans with other providers and will develop skills in interprofessional communication, shared decision-making, assessment, and treatment coordination. These experiences are intended to enhance understanding of the process and skills necessary for successful interprofessional collaborative practice. Fellows will attend regular interprofessional team meetings in the BR and JP clinics. These meetings will model interprofessional teamwork, and demonstrate distinct perspectives and the language needed for effective interprofessional communication, case conceptualization, and clinical practice.

Fellow 1 will spend three days per week in the GMHC at the JP campus, and one day per week in the GMHC at the BR campus. **Fellow 2** will spend two days per week in the GMHC at the JP campus, and two-and-one-half days per week in the GMHC at the BR campus. **Supervisors:** Shimrit Black, Ph.D.; William Bowe, Ph.D.; Claire Burgess, Ph.D.; Diana Fitek, Ph.D.; Hannah King, Ph.D.; Stephen Lancey, Ph.D.; Amy Lawrence, Ph.D.; Joseph Meyer, Ph.D.; Elizabeth Ryan, Ph.D.; Melanie Vielhauer, Ph.D.; Sarah Weintraub, Ph.D.

- **INTEGRATED PRIMARY CARE BEHAVIORAL HEALTH:** The PCBH clinic offers co-located, collaborative behavioral healthcare within primary care. The Fellow will receive training in a full range of duties and responsibilities typical of primary care behavioral health providers. These include brief psychosocial assessment, consultation and liaison with primary care providers, triage and/or brief treatment of veterans with a broad range of clinical conditions who present to primary care (e.g., depression, anxiety, trauma, chronic pain, insomnia, adjustment to chronic illness, poor control of chronic disease, poor adherence to treatment regime or suggested lifestyle modifications, substance use disorders). Evaluation and treatment in PCBH are necessarily brief, with a focus on identifying key issues of concern to the primary care patient and on improving functioning, rather than on symptom remission. Standardized self-report measures inform the clinical assessment. The Fellow will learn to develop and carry out brief, evidence-based behavioral treatment plans (e.g., cognitive behavioral treatment, motivational enhancement). Communication and liaison with the Primary Care team is essential. Fellows will develop proficiency in providing individual consultation to primary care staff on behavioral health issues and management of risk. Fellows may also have the opportunity to conduct joint visits with medical staff or residents.

Fellow 1 will spend two half-days per week in the PCBH clinic at the Jamaica Plain campus. **Fellow 2** will spend one half-day per week in the PCBH clinic at the Brockton campus. **Supervisors:** Kristin Gregor, Ph.D.; Nora Keenan, Ph.D.; Tessa Lundquist, Ph.D.; Sarah Weintraub, Ph.D.; Risa Weisberg, Ph.D.

- **ADDITIONAL INTERPROFESSIONAL TREATMENT AND EDUCATION (PSYCHIATRY RESIDENTS, SOCIAL WORK INTERNS, AND GENERAL MENTAL HEALTH TREATMENT TEAMS):** Fellows will participate in several interprofessional and educational activities in conjunction with the Harvard South Shore (HSS) psychiatry residency training program, graduate social work training programs in the Boston area, and GMHCs at JP and BR. Depending on their training interests, Fellows may have the opportunity to co-lead an evidence-based, group psychotherapy with social work interns. In these roles, Fellows will provide direct supervision to the interns and receive supervision of their supervision from a staff psychologist. Administratively, Fellows will also gain experience interacting with professionals from diverse disciplines and departments (e.g., primary care) as Fellows actively manage all consult referrals placed for the group.

Fellows will also participate in recurring, interprofessional case conceptualization meetings at both the JP and BR campuses facilitated by an interprofessional team. GMHC trainees of all disciplines attend these meetings, which serve as forums to discuss complex, interprofessional case conceptualization, collaborative practice, and team-based care. Meetings will also promote understanding of the common competencies required for interprofessional practice as well as discipline-specific training. Other topics commonly discussed include systems issues within the VA, ethical issues/dilemmas, termination issues, diversity issues, culturally sensitive treatment/assessment, psychotherapy process, and effective communication across VA clinics, departments, and campuses.

Fellows will have the opportunity to develop and facilitate case conceptualization meetings at the JP campus. They additionally will have the opportunity to create and facilitate CBT, DBT, or ACT skill labs and other didactic topics relevant to the practice of psychology within the context of weekly GMHC team meetings. Alternatively, Fellows might elect to create and co-lead a training didactic for interns with a GMHC staff psychologist. The degree of involvement in facilitating these kinds activities can be negotiated based on Fellows' training goals and interests.

Supervisors: Amy Lawrence, Ph.D.; Shimrit Black, Ph.D.; William Bowe; Ph.D.

TEACHING METHODS

Fellows will receive training through multiple modalities, including individual and group supervision, didactic trainings (clinic-specific and Fellowship-wide), case conferences, and rounds. Fellows will participate in multidisciplinary GMHC and PCBH team meetings that include psychologists, psychiatrists, social workers, clinical nurse specialists, primary care providers, and other trainees (i.e., psychology interns, practicum students, social work interns, and psychiatry residents). Fellows will be trained in supervision concurrently as they provide individual supervision to two psychology interns.

SUPERVISION

Fellows will work closely with staff psychologists in the various clinics and meet weekly for individual supervision. Clinic teams meet regularly (e.g., weekly or biweekly) to discuss clinical cases, administrative issues, and current issues in mental health care. Fellows receive both individual and group supervision, during which clinical, career development and research issues are addressed.

Dr. William Bowe, Ph.D., is a staff psychologist and clinical supervisor in the GMH and Women's Trauma Recovery Team clinics and serves as the Track Coordinator for the Interprofessional General Mental Health Track. Additional track supervisors include Drs. Shimrit Black, Ph.D.; Claire Burgess, Ph.D.; Diana Fitek, Ph.D.; Kristin Gregor, Ph.D.; Nora Keenan, Ph.D.; Hannah King, Ph.D.; Stephen Lancey, Ph.D.; Amy Lawrence, Ph.D.; Tessa Lundquist, Ph.D.; Joseph Meyer, Ph.D.; Elizabeth Ryan, Ph.D.; Melanie Vielhauer, Ph.D.; Sarah Weintraub, Ph.D.; Risa Weisberg, Ph.D.

Dr. Shimrit Black is a staff psychologist in the Brockton GMHC. She has participated in supervision and training of practicum, intern and postdoctoral Fellows for the past several years, and is the GMH Track Co-Coordinator for the Internship Training Program. **Dr. Claire Burgess** is a staff psychologist at the National Center for TeleMental Health and clinical supervisor in the GMH clinic. She additionally serves on the Interdisciplinary Transgender Treatment Team and as the LGBTQ+ Veteran Care Coordinator at Brockton campus. **Dr. Diana Fitek** is a staff psychologist and splits her time between the GMHC and Geropsychology clinic in Jamaica Plain. She currently provides supervision for trainees co-leading the Anger Management group and individual supervision for one of the Fellows. **Dr. Kristin Gregor** is a staff psychologist and Director of Primary Care Behavioral Health. **Dr. Nora Keenan** is a staff psychologist with the PCBH team in Jamaica Plain and Women's Health. She is the track coordinator for the PCBH training program and provides supervision to psychology trainees in PCBH. **Dr. Hannah King** is a full-time staff psychologist in the Brockton GMHC. She provides individual and group supervision to interns and Fellows and is currently a primary supervisor for the BR-based Fellow. Dr. King co-facilitates the biweekly Acceptance and Commitment Therapy (ACT) Case Conceptualization meeting and is currently supervising an adjunctive training experience in ACT. **Dr. Stephen Lancey** has over three decades of supervisory experience and serves as the VA Boston Psychology Training Program Director of Admissions for its APA-

accredited Clinical Fellowship, Clinical Neuropsychology Fellowship, and Internship Training Programs. **Dr. Amy Lawrence** is a staff psychologist in the Jamaica Plain GMHC, and is the GMH Track Co-Coordinator for the Internship Training Program. She completed her internship in the GMHC and served as a clinical research Fellow at VA Boston. **Dr. Tessa Lundquist** is a staff psychologist in PCBH. She is located in Brockton. She provides supervision to interns and Fellows within the PCBH program. **Dr. Joseph Meyer** is a staff psychologist in the Brockton GMH Clinic and spends one day each week providing BMED services. He provides individual supervision to interns. **Dr. Elizabeth (Liz) Ryan** is a staff psychologist in the GMHC at the Jamaica Plain campus. In addition to clinical work, she supervises clinical psychology trainees and is the Local Evidence Based Psychotherapy Coordinator for VABHS. **Dr. Melanie Vielhauer** is the General Mental Health Section Chief across all campuses, with key supervisory and administrative roles in VABHS's psychology internship and Fellowship programs. **Dr. Sarah Weintraub** is a part time staff psychologist with GMHC in Jamaica Plain and Primary Care Behavioral Health in West Roxbury. She was a postdoctoral clinical Fellow with GMHC and currently balances VA work with private practice. **Dr. Risa Weisberg** is the Assistant Chief of Psychology and Director of Clinical Psychology Internship Training at VABHS. She provides supervision to Fellows within the PCBH program.

DIVERSITY FOCUS

The Interprofessional General Mental Health track, including the Mood and Anxiety Disorder Clinic and Primary Care Behavioral Health, serve a diverse population of veterans. GMH patients include Veterans of varying ages, service eras, life experiences, and types of military service. Moreover, they present with a range of psychological concerns and individual strengths, and vary in terms of race, ethnicity, gender identity, class, culture, sexuality, ability, and medical comorbidity. While working in GMH, trainees are challenged to provide patient-centered, evidence-based assessment and treatment that address intrapsychic and macro-level contributions to emotional distress and wellbeing, including issues of inclusion/exclusion and identity. At intake, each veteran is asked (i.e., via questionnaire) about gender identity, race, ethnicity, religion, and socioeconomic status (work status, sources of financial support). The clinic has also worked to standardize intake interviews across clinicians to ensure that potentially important and relevant cultural and identity issues are uniformly broached in an open-ended manner with every patient and sensitively discussed as relevant. The semi-structured approach affords flexibility to assess and discuss potential idiographic differences in symptom presentations and patient strengths as they relate to culture. The language in which assessments and therapy are conducted may be adapted to the needs of the veteran.

An important aspect of training is ongoing discussion of these aforementioned issues during all forms of clinical supervision in the service of striving to provide culturally sensitive assessment and treatment planning. This process starts early with the Track orientation when trainees attend an assessment training during which issues of diversity are explored. Within GMH clinics, diversity and cultural sensitivity are further addressed in case conceptualization and Team meetings at Jamaica Plain and BR campuses. Outside of the GMH clinics, interested trainees are encouraged to pursue further educational and participatory opportunities. Examples might include, and are not limited to, attending/viewing current and past didactics on diversity issues (e.g., culturally competent supervision; culturally sensitive treatment), and/or joining the Psychology Diversity and Inclusion Committee.

RESEARCH

At the beginning of the training year, Fellows will have an opportunity to learn about current research projects taking place across the VA to inform their selection of a research mentor. Fellows may

collaborate with staff throughout VABHS on any number of funded clinical research projects, which may, if of interest, provide opportunities for involvement in professional presentations and preparation of empirical and review manuscripts. Fellows are encouraged to identify research activities that would complement and expand their current skill sets. Past Fellows have also pursued the option within the GMHCs of analyzing treatment outcome data from GMHC groups collected over several years. There may be opportunities to assist with preparation of a manuscript based on these analyses. The GMHCs are also pursuing a number of program development and evaluation projects within the clinic, and opportunities may exist for the Fellows to become involved with these processes in order to satisfy the research requirement.

Table 1

Breakdown of Major Training Components by Fellow

Training Experience	Fellow 1	Fellow 2
GMH Clinic-Jamaica Plain (JP) Campus	3 days per week	2 days per week
GMH Clinic-Brockton (BR) Campus	1 day per week	2.5 days per week
Primary Care Behavioral Health	1 day per week at JP	.5 days per week at BR
Anger Group co-leader*	Yes – At least 1 round	Yes – At least 1 round
ACT Group co-leader	Yes – Full year	Yes – Full year
Other Groups	Yes – Varies	Yes – Varies
Supervision of two GMH interns	Yes – Full Year	Yes – Full Year
JP Case Conceptualization Meeting	Yes	Yes
BR Case Conceptualization Meeting	Yes	Yes

*Please indicate on your cover letter whether you would like to be considered for the **Fellow 1** position, **Fellow 2** position, or **both Fellow** positions. Applicants commonly express interest in both positions and are encouraged to apply for both.

LGBTQ+ Health Care

Track Coordinator: COLLEEN SLOAN, Ph.D.
Psychology Service (116B)
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Telephone: (857) 364-5983

Email: colleen.sloan2@va.gov

Location: VA Boston Healthcare System
Brockton (primary) and Jamaica Plain Campuses

Number of Fellows: *One full-time Fellow* will be admitted each year.

OVERVIEW

VA Boston Healthcare System is pleased to announce an opportunity in our APA-accredited clinical psychology fellowship program for a Postdoctoral Fellowship in LGBTQ+ Health. This is a clinical position, located across the Brockton and Jamaica Plain campuses of VA Boston, within multiple mental health clinics, and building a caseload and program with a focus on sexual and gender minority health issues in Veterans. At least one day per week will be spent at the Jamaica Plain campus. This time could include involvement in national policy development and implementation, as well as local educational and training initiatives, program development, and adjunct clinical experiences, as well as administrative and research activities. Given the evolving nature of LGBTQ+ health in VA, the Fellow will be encouraged to contribute to the ongoing development of the fellowship track locally, and will learn about national policy and procedure changes for Veterans with LGBTQ+ identities.

The Fellow will work at the Brockton campus at least two days per week, in a large outpatient building which includes a PTSD Clinical Team (PCT), a Center for Returning Veterans (CRV) clinic, a General Mental Health (GMH) clinic, and an Alcohol and Drug Treatment Program (ADTP). These clinics have very high referral rates, as well as a large number of returning veterans, and there is a strong effort to focus the Fellow's clinical caseload working with Veterans who have LGBTQ+ identities. Although the Fellow will spend a great deal of time in the PTSD Clinic, cases and experiences will be drawn from all clinics to ensure an adequate focus on sexual and gender minority health. The Fellow will be expected to deliver services to transgender and gender-diverse Veterans as well as cisgender sexual minority Veterans, with opportunities to deliver individual and group interventions (e.g., Seeking Safety, Acceptance and Commitment Therapy, and DBT Skills Training), and to gain training as appropriate in such areas as readiness evaluations for gender affirming interventions, Cognitive Processing Therapy and/or Prolonged Exposure for PTSD, treatment for substance use disorders, and cognitive behavioral therapy for identity concerns and/or minority stress. There may also be opportunities to develop and/or co-lead group therapy interventions targeting minority stress for sexual and gender minority Veterans or DBT Skills Training for transgender and gender-diverse Veterans. Program evaluation opportunities may also be part of these experiences. The Fellow will be involved in supervision training for a psychology predoctoral intern. Depending on prior experience and training needs, there may also be an opportunity to participate

in an externship at Fenway Health, which is a national leader in community-based LGBTQ+ healthcare. The rotation at Fenway has been part of the fellowship track experience since its first year in 2013. Previous Fellows have been involved in various clinical research trials, in which they have received comprehensive training in the provision of evidence-based approaches working with highly marginalized populations.

One day per week, the Fellow will be located at the Jamaica Plain campus of VA Boston. The Fellow will work with Nick Livingston, Ph.D., an investigator in the National Center for PTSD and staff psychologist at VA Boston Healthcare System, to learn about LGBTQ+ health and patient-centered outcome research. Additionally, the Fellow will work with Dr. Colleen Sloan to learn more about the provision of clinical services specific to LGBTQ+ healthcare in the VA. Dr. Shipherd and Dr. Sloan will also guide educational initiatives, program development and research activities of the Fellow. In addition, the Fellow will participate in the monthly meetings as part of the Interdisciplinary Transgender Treatment Team (ITTT), a local clinical, administrative, and consultative team to coordinate care for transgender and gender-diverse Veterans. The Fellow will also work closely with the Behavioral Medicine program regarding assessments of readiness and consent for hormone therapy and other interventions.

Overall, 75% of time will be spent in clinical care and associated activities (individual, group, and possibly, assessments, as well as documentation and supervision), with roughly 25% time reserved for consult management, policy and program development and evaluation, and opportunities for involvement in research.

GOALS

Training will facilitate the development of assessment, treatment, and consultation skills, particularly within the area of sexual and gender minority health. Fellows gain training and experience in the development of these skillsets within a variety of mental health and interdisciplinary clinics. The Fellow will gain experience in learning effective ways of adapting evidence-based approaches and treatments to meet the needs of sexual and gender minority Veterans in both group and individual modalities. The Fellow will serve in a critical role managing referrals to VA Boston's Interdisciplinary Transgender Treatment Team, in which they will develop skills as a liaison between various services that provide medically necessary treatments for gender dysphoria and related distress (e.g., behavioral medicine, endocrinology, mental health, speech therapy). Relatedly, Fellows develop skills in the dissemination of education of training related to sexual and gender minority health, for which opportunities exist both locally and nationally. Additionally, the Fellow will develop skills that promote their own visibility as an important local resource. The Fellow will also gain experience in supervision, program development, research, and importantly advocacy and outreach.

FACULTY AND STAFF

Dr. Colleen Sloan serves as the Track Coordinator and primary supervisor for this fellowship track. Dr. Sloan is a Staff Psychologist within the Women's Trauma Recovery Team, with key supervisory roles in VABHS's psychology internship and fellowship programs. She is also the chair of the Interdisciplinary Transgender Treatment Team (ITTT), a LGBTQ+ Veteran Care Coordinator for VA Boston, and co-chair of the Psychology Service Diversity and Inclusion Committee. Additionally, Dr. Sloan has ongoing involvement in both local and national educational and training initiatives in sexual and gender minority health. Clinical supervision through the Brockton PTSD Clinic will be provided by **Sebastian Bliss, Ph.D.**, and **Julie Weismoore, Ph.D.** Dr. Bliss is a Staff Psychologist in the PCT and a member of the ITTT. He has specialized training in LGBTQ+ psychology and a strong interest in the intersection between LGBTQ+

identity and military culture and experience. Dr. Weismoore is the SUD/PTSD psychologist on the Brockton campus who often provides supervision training within this fellowship track. . Clinically-related education and training experiences will be provided by **Claire Burgess, Ph.D.** Dr. Burgess works at the National Center for TeleMental Health and serves as the Veteran Care Coordinator for LGBTQ+ Veterans of the Brockton campus. She facilitates nursing, psychiatry and interdisciplinary trainings on LGBTQ+ policy and health, which the Fellow will have the opportunity to take part in.

Adjunctive Supervisors on the JP campus: As mentioned, **Nick Livingston, Ph.D.** is a clinical research psychologist in the National Center for PTSD, Behavioral Science Division. Dr. Livingston can provide research and career mentorship and maintains active lines of research spanning LGBTQ+ health and minority stress, PTSD and substance use disorder, and technology-based intervention development and implementation. **Jillian Shipherd, Ph.D.** is one of two Directors for the LGBTQ+ Health Program of Patient Care Services at VA Central Office and the former chair of the VA Boston ITTT. Dr. Shipherd may continue involvement in career development guidance and research mentoring. **DeAnna Mori, Ph.D.**, is Director of the Behavioral Medicine program and a member of the ITTT. Dr. Mori provides training and oversees readiness evaluations for gender affirming medical interventions. **Eve Davison, Ph.D.**, is Director of the Women's Trauma Recovery Team (WTRT). Drs. Davison, Trezza, Sloan, and Livingston are members of VA Boston's Psychology Diversity and Inclusion Committee.

The Fellow will meet weekly for individual supervision with staff psychologists in the PTSD and other clinics. Fellows receive both individual and group supervision during which clinical, career development and research issues are addressed.

DIVERSITY FOCUS

The LGBTQ+ health track emphasizes training in diversity, particularly related to sexual and gender minority Veteran health. Fellows receive training in the administration of initial assessments of gender dysphoria and collaboratively engage in readiness evaluations for gender affirming treatments. During initial assessments with Veterans seeking gender affirming services, Fellows obtain information regarding various aspects of identity such as race, ethnicity, SES, housing status, and ability status and discuss how these intersect with sexual and gender identities, as well as gender dysphoria, if indicated. Fellows also provide evidence-based interventions to sexual and gender minority Veterans treating a variety of mental health problems, including gender dysphoria and other identity-related concerns. In particular, Fellows utilize CBT interventions to treat gender dysphoria. The ways in which these interventions are adapted is collaborative in nature. Fellows participate in national calls with eight other LGBTQ+ health Fellows that focus on education and training specific to sexual health, gender diversity, and health disparities and they also have opportunities to conduct related trainings locally to junior trainees and VA staff. The Fellow also gains experience in supporting the LGBT Veteran Care Coordinators at VA Boston. These roles are administrative and are appointed by VA Boston's Medical Director. In this way, the Fellow is viewed as a local leader in sexual and gender minority mental health.

RESEARCH AND PROGRAM DEVELOPMENT

The Fellow will receive a minimum of four and a maximum of eight hours of protected research time, based on Fellow interests and experience, although additional time may be spent in program development. To the extent that data is available, the Fellow may have an opportunity to get involved with grant writing, research projects, and/or conduct secondary data analyses for presentation and publication. Opportunities may also exist to develop and disseminate clinical services for sexual and gender minority stress.

OUTREACH

The Fellow will lead and participate in LGBTQ+ outreach events, both within the VA Boston facilities and within the broader Boston community throughout the year. VA recognizes several LGBTQ+ observances, such as Transgender Awareness Month, Transgender Day of Remembrance, and LGBTQ+ Pride month. These serve as opportunities to raise awareness and provide education, and the Fellow is actively involved in these endeavors. There may also be additional and unique opportunities that arise each year, including involvement with VA Boston's Public Affairs office.

Trauma Recovery Fellowship Tracks

The VA Boston Psychology Postdoctoral Fellowship Program offers two tracks that provide advanced training in evidence-based assessment and treatment of PTSD and other trauma-related disorders: the *Post-Deployment Readjustment and Trauma-Related Disorders* track (one Fellow) and the *Posttraumatic Stress Disorder* track (two Fellows). Fellows in both tracks gain specialized knowledge and experience in clinical care focused on recovery from traumatic experiences; however, each track has slightly different emphases with regard to population, trauma type, and most commonly used evidence-based psychotherapies.

Post-Deployment Readjustment and Trauma-Related Disorders

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Email: jillian.scott@va.gov

Location: VA Boston Healthcare System
Jamaica Plain Campus

Number of Fellows: *One full-time Fellow* per year.

OVERVIEW

The Post-Deployment Readjustment and Trauma-Related Disorders Fellow trains within the Center for Returning Veterans (CRV), a mental health clinic in the Trauma Recovery section at VA Boston. The CRV was established in 2005 to respond to the unique mental health needs of the growing population of post-9/11 combat veterans adjusting to life after combat deployment. Veterans seen in CRV vary with regard to age (ranging from early 20s to late 60s, though the majority are in their 20s and 30s), race, ethnicity, gender identity, religion, economic background, sexual orientation, military branch, military rank, and current military status. The vast majority have served as part of the post-9/11 combat operations (Operation Enduring Freedom, Operation Iraqi Freedom, Operation New Dawn, etc.); however, CRV also serves a smaller group of era veterans who did not deploy but are primarily struggling with post-military readjustment. Veterans seen in CRV often presents with concerns that are significantly different from other era veterans, particularly with regard to developmental, identity, and readjustment issues that often are salient in addition to combat-related psychopathology. Critical considerations that are distinctive to this population include addressing challenges for veterans who have ongoing military

commitments or who have recently separated from the military, building motivation for change when veterans present with ambivalence about engaging in mental health care, balancing complex life transitions/stages with therapeutic interventions, and addressing both combat and other military stressors (e.g., discrimination, military sexual trauma, interpersonal challenges with leadership and peers).

Another central aspect of clinical work in the CRV is to engage in early intervention with the goal of preventing disorders from shifting into a chronic course. Whenever possible, clinical interventions are provided when symptoms are at a lower intensity level, without many of the psychosocial sequelae that may occur as symptoms become more chronic (e.g., loss of relationships, long-term substance abuse). The aim of treatment is to help veterans move forward on a positive trajectory for readjustment. A large portion of patients seen within CRV are younger adults who have transitioned into adulthood in the context of military service; thus, they are facing complex life changes as they make sense of their military experiences and work to establish their post-military life. Clinical work within CRV, regardless of diagnosis, therefore often includes facilitating the development of a sense of identity, purpose, and meaning as the veteran transitions to life after deployment.

This one-year clinical postdoctoral Fellowship is designed to train psychologists to provide specialized clinical services for post-9/11 combat veterans with a range of post-deployment readjustment concerns, particularly trauma-related disorders. Training and supervision will focus on developing expertise in responding to the full range of veterans' post-deployment concerns, including the treatment of PTSD and sub-diagnostic PTSD symptomatology, as well as mood, anxiety, substance use, and adjustment disorders. Fellows also develop competency in understanding military culture and addressing the unique developmental/identity considerations as experienced by post-9/11 veterans, including the influence of life stages, values, and personal characteristics (e.g., race, ethnicity, country of origin, sexual orientation, gender identity) on veterans' military experiences. Therefore, the Fellow will develop an expertise in working with OEF/OIF/OND veterans, while strengthening assessment and treatment skills to address the wide range of presenting clinical concerns in this population. Direct clinical training activities within the track include: 1) one weekly intake assessment focused on psychosocial/diagnostic assessment and treatment planning; 2) individual therapy, involving cases with a variety of presenting problems (estimated caseload of 8-10 veterans in total); and 3) group therapy (estimated 1-2 groups). Fellows in this track also receive training in the supervision of psychology trainees and have the opportunity to work closely with junior trainees. Participation in clinical research, program evaluation, and/or teaching are an essential part of the Fellowship experience as well.

GOALS

Training in the Post-Deployment Readjustment and Trauma-Related Disorders track focuses on developing skills related to flexibly applying empirically supported treatments while taking into account patient preferences, individual- and contextual-level considerations, and clinician expertise. Clinical work also emphasizes the development and maintenance of the therapeutic relationship, as well as non-specific therapeutic factors that are critical to treatment engagement with post-9/11 veterans. Finally, assessment training activities will incorporate diagnostic evaluation and history-taking, administration and interpretation of empirically-tested psychometric instruments, as well as opportunities for more extensive semi-structured clinical interviewing as clinically indicated. These assessment procedures are conducted in the context of identifying and facilitating the most appropriate interventions and treatment plan.

The CRV patient population is diverse; therefore, the specific therapeutic methods taught and utilized within CRV are equally varied, focusing on a wide range of presenting complaints and incorporating multiple therapeutic approaches and theoretical orientations, where indicated, and well as interdisciplinary collaboration/consultation with other hospital-based teams (e.g., Polytrauma, Military to VA case management program). The Fellow will gain proficiency in the assessment of the full range of readjustment and trauma- and stressor-related concerns present in post-9/11 combat veterans. In addition, the Fellow will receive specialized training in the flexible use of empirically supported treatments taking into account individual- and contextual-based characteristics, as well as identified barriers to care (e.g., stigma, marginalization). Interventions utilized are largely cognitive-behavioral (e.g., CBT for depression and anxiety disorders, mindfulness-based relapse prevention for substance use, individual DBT skills training, acceptance-based behavioral therapies, many others as indicated), including evidence-based trauma-focused therapies (e.g. Cognitive Processing Therapy, Prolonged Exposure, Written Exposure Therapy).

At the completion of their Fellowship, Fellows will be able to:

- Conduct comprehensive assessments of the range of post-deployment mental health concerns, including PTSD, as well as mood, anxiety, adjustment, and substance use disorders.
- Develop comprehensive case conceptualizations that take into account veterans' developmental, identity, and readjustment concerns, as well as psychopathology.
- Provide evidence-based treatment for a range of post-deployment mental health concerns, including PTSD, as well as mood, anxiety, adjustment, and substance use disorders.
- Confidently collaborate with other healthcare providers as part of interdisciplinary teams and one-one-one consultations.
- Demonstrate competence with the provision of clinical supervision to junior trainees.
- Describe and feel confident in their identity as a scientist-practitioner specializing in post-deployment readjustment and trauma recovery.

CLINICAL SETTING

The Post-Deployment Readjustment and Trauma-Related Disorders Fellow's clinical training is primarily housed within the Center for Returning Veterans (CRV) and is supplemented with training experiences in other VA Boston clinics, customized to meet each Fellow's unique training interests and goals. In recent years, Fellows have had adjunctive involvements (i.e., additional individual therapy cases or group therapy experiences) with the PTSD Clinical Team, the General Mental Health Clinic, Behavioral Medicine, the Substance Abuse Treatment Program, and/or Primary Care Behavioral Health. For research experiences, Fellows typically partner with clinical researchers throughout the medical center, most often in the National Center for PTSD.

DIDACTICS

In addition to Fellowship-wide didactics, Fellows in this track also participate in formal didactic training through the following:

- The CRV didactic and case conference series, which allows for in-depth discussion of clinical issues and specific cases. This one-hour meeting is held three times a month and involves staff presentations (e.g., taking a military history, therapy termination), trainee clinical/research

presentations (on topics of the trainee's choosing), and case conferences designed to elicit feedback on challenging clinical cases. In addition, we hold a monthly discussion group focused on diversity and allyship within the field of psychology (e.g., responding to microaggressions) as part of our commitment to growing as culturally informed practitioners and professionals.

- The Trauma Recovery Section/National Center for PTSD didactic series, which include trainings on Cognitive Processing Therapy (2-day workshop), Prolonged Exposure, Written Exposure Therapy, PTSD assessment (CAPS5), Military Sexual Trauma, and Intimate Partner Violence.
- A weekly CPT consultation group with a national CPT trainer (for Fellows who participate in the 2-day CPT workshop).

Training will also involve active engagement in the CRV's weekly interdisciplinary team meeting attended by psychologists, psychiatrists, social workers, and a broad range of trainees (e.g., clinical and clinical research psychology postdoctoral Fellows, psychology and social work interns, psychology practicum students, psychiatry residents/Fellows). These team meetings address clinical administration issues, as well as clinical consultation regarding assessment, treatment planning, and ongoing treatment coordination and delivery. The Fellow is a vital member of this team and will have the opportunity to both receive consultation from and provide feedback to other team members. In addition to these formal opportunities, Fellows are encouraged to interact frequently with other clinical staff providing services to shared veterans throughout the medical center. These interdisciplinary interactions most frequently occur with primary care physicians and nurse practitioners, social work and nurse case managers in a variety of settings, and other mental health providers on different clinical teams.

SUPERVISION

Fellows have the opportunity to interact closely with all of the licensed clinical psychologists within the Center for Returning Veterans: Dr. Kevin Brailey, Dr. Erin Scott Daly, Dr. Jill Panuzio Scott, and Dr. Sarah Krill Williston. Specifically, the Fellow will have two individual psychotherapy supervisors (a minimum of one hour/week of formal supervision with each), with one supervisor designated as primary (i.e., overseeing the Fellow's overall experience). In addition, the Fellow will participate in weekly small group supervision (two trainees; one licensed clinical psychologist) focused on intake/diagnostic assessment. Finally, Fellows will receive weekly supervision for each of their group therapy experiences, the nature of which depends on the specific group. Specialized readings or other supporting activities are provided to supplement a Fellow's training depending on his or her interests and needs. All supervisors on this track employ a developmental approach to clinical supervision, tailored to the Fellow's individual strengths and growth areas. We view supervision as a collaborative process and aim to foster confidence and appropriate levels of independence in our work with the Fellow.

As noted above, the Post-Deployment Readjustment and Trauma-Related Disorders track also offers training in the delivery of clinical supervision. Specifically, the Fellow has the opportunity to supervise a predoctoral clinical psychology intern on 1-2 clinical cases. Fellows will receive supervision of these supervisory experiences from one of the CRV staff psychologists.

DIVERSITY FOCUS

The CRV is often veterans' first interaction with mental health; as such, saliency of military-related diversity factors, in addition to more traditional diversity factors and the intersectionality of these (e.g. 28-year-old, cisgender male, heterosexual, Haitian-American, Marine Corp veteran with two deployments to Afghanistan), is central to this population. Military-related diversity factors attended to include branch of military, active vs guard/reserve, level of combat exposure, rank and status, length of time in service,

number and location of deployments, etc. Traditional diversity factors attended to include racial and ethnic background, religion, gender, sexual orientation, age, disability status, etc. Also highly relevant are key factors surrounding this transitional period that may present various challenges for veterans. For example, veterans seen in CRV vary in level of stable housing, social support, presenting problem, substance use, cognitive functioning, and employment. Stigma around mental health diagnoses may also be present. These factors are all assessed at intake via both self-report as well as semi-structured psychosocial interview, and are often important to case conceptualization and collaborative development of interventions. The Fellow is provided with training and supervision regarding formulating conceptualizations and interventions based on the intersection of identity and diversity factors of each patient. Additionally, the impact of clinicians' identity on the process of case conceptualization, assessment, and therapy are regularly discussed in supervision. Factors such as perceived age and race/ethnicity, gender, and military status all can impact the interaction between therapists and veterans, and trainees are encouraged to discuss this potential impact, as well as decisions about if, when, and how to address them directly with patients. Importantly, many veterans treated in CRV have had (and continue to have) experiences with identity-based marginalization, oppression, and discrimination. Clinicians directly address these, as well as the way they may influence mental health symptom experience and expression, in treatment and discuss in supervision. As noted above, we actively address topics related to diversity and allyship in psychology on our monthly discussion group, and we aim to incorporate the impact of diversity factors into all CRV case conference, didactic presentations, and informal case discussions.

RESEARCH AND PROGRAM DEVELOPMENT

The Fellow will have opportunities to engage in clinical research, program evaluation, and/or performance improvement activities tailored to their interests and goals. The Fellow's primary supervisors will assist the Fellow in connecting with projects and opportunities most closely aligned with their professional interests. The level of fellow involvement in research and program development activities will vary based on interest and training needs. These activities will be mentored by an appropriate staff member either within CRV or, more often, by an outside staff member (e.g., within the NCPTSD) with complementary interests to the Fellow. Recent Fellow research/program development projects have covered a wide range of topics including military sexual trauma, web-based interventions for substance use among post-9/11 veterans, role of stressful life events during deployment and later readjustment outcomes, trauma memories, self-injurious behavior, and mindfulness groups for residential substance abuse programming.

For Fellows interested in program evaluation and development, there are opportunities to collaborate on ongoing projects within CRV. Some of the potential areas we are working to address in 2021 include understanding more about the demographic and cultural factors that characterize the population we serve, as well as questions related to the implementation and integration of the VA's Whole Health program into CRV services. Fellows would have the opportunity to contribute to the development of program evaluation systems/best practices, participate in data collection, entry, and analysis, write an empirical research or review paper, or present a poster at a team meeting and/or conference.

Selected recent publications from our **staff** (highlighted):

Brailey, K., Mills, M. A., Marx, B. P., Proctor, S. P., Seal, K. H., Spiro, A., III, Ulloa, E. W., & Vasterling, J. J. (2018). Prospective examination of early associations of Iraq war zone deployment, combat severity, and posttraumatic stress disorder with new incident medical diagnoses. *Journal of Traumatic Stress, 31*, 102-113.

- LaMotte, A. D., Taft, C. T., Weatherill, R. P., **Scott, J. P.**, & Eckhardt, C. I. (2016). Posttraumatic stress disorder symptoms, traumatic reminders, and partner aggressive tendencies among veterans. *Journal of Family Violence, 31*, 461-466.
- Williston, S. K.**, Bramande, E., Iverson, K. M., Vogt, D. S., & Fox, A. (2019). Mental health literacy, stigma and perceived need for care among women veterans. *Psychiatric Services, 1*;71(2):144-150.
- Williston, S. K.**, Kruepke, M., Grossman, D., Litwack, S., & Niles, B. (in press). Exploring modifications to individual trauma-focused PTSD treatments in a routine care setting: An examination of medical records at a Veterans Health Administration PTSD clinic. *Cognitive and Behavioral Practice*.
- Williston, S. K.**, Martinez, J., Graham, J. R., & Abdullah, T. (2019). Barriers to care among students who identify as people of color: Examining the roles of mental health beliefs and racial and ethnic discrimination. *International Journal of Social Psychiatry, 65*, 458–467.
- Williston, S. K.**, Roemer, L., & Vogt, D. S. (2019). Cultural and service correlates of mental health beliefs among post-9/11 veterans. *International Journal of Social Psychiatry, 65*, 313-320.
- Williston S. K.** & Vogt D. S. (2021) Mental health literacy in veterans: What do U.S. military veterans know about PTSD and its treatment? *Psychological Services*;10, 1037.

Posttraumatic Stress Disorder

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Location: VA Boston Healthcare System
Jamaica Plain Campus

Number of Fellows: *Two full-time Fellows* are admitted each year.

OVERVIEW

The PTSD Fellowship track trains clinicians in all aspects of the treatment and assessment of trauma-related problems. This one-year, multifaceted training experience is designed to integrate various approaches to PTSD treatment and to the treatment of other trauma-related and comorbid disorders. Clinical training is conducted within two VA Boston clinical programs affiliated with the VA National Center for PTSD on the Jamaica Plain campus: the PTSD Clinical Team (PCT), which is affiliated with the Behavioral Science Division (BSD), and the Women's Trauma Recovery Team (WTRT), which is affiliated with the Women's Health Sciences Division (WHSD).

In a typical week, PTSD Fellows spend 50% of their clinical time working with Veterans served in PCT and 50% working with Veterans served in WTRT. The Veterans seen in these two programs are diverse on all sociodemographic characteristics and have served in the military during both peacetime and wartime, with increasing numbers having served in the recent conflicts (approximately 50% of new PCT referrals and 35% of new WTRT referrals served in Iraq and Afghanistan). Traumas range from military combat to military sexual trauma, childhood traumas, accidents and interpersonal violence. Veterans present with PTSD and other trauma-related issues as well as with comorbid diagnoses including substance use disorders, depression, borderline personality disorder, and many others.

Both our clinics provide trauma recovery services, including evaluation, stabilization, skills, exposure, integration per process and maintenance. PTSD Fellows are exposed to a variety of evidence-based therapies and modalities, including Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), Written Exposure Therapy (WET), Dialectical Behavior Therapy (DBT), the Dialectical Behavior Therapy Prolonged Exposure Integrated Protocol (DBT PE), Narrative Exposure Therapy, Adaptive Disclosure, Skills Training in Affective and Interpersonal Regulation (STAIR), Seeking Safety, motivational interviewing, acceptance- and mindfulness-based approaches, and several psychoeducational, skills-based, and process groups. Fellows also conduct both in-depth diagnostic assessments and briefer intake interviews and learn how to incorporate assessment information into treatment planning. Trainees are further supported in patient-centered treatment planning and are encouraged to implement evidence-based psychotherapies in ways that are adherent yet flexible, and that meet the needs of their individual clients.

In addition to the direct provision of clinical services, Fellows serve as members of interdisciplinary treatment teams that collaborate with, and provide consultation to, other mental health and medical care providers in order to address the high rates of psychiatric and medical comorbidities among trauma survivors. As part of their training in DBT, Fellows also join VA Boston's DBT consultation team.

Fellows have the opportunity to provide clinical supervision to less advanced trainees in either the PCT or WTRT during their Fellowship year, and to receive supervision of that supervision. As well, Fellows are afforded the opportunity to collaborate on innovative research in the field and are allotted four hours per week as protected research time where they often work within either of the two National Center for PTSD divisions.

Fellows who have graduated from the program have gone on to varied successful careers such as VA staff positions across the country; positions working with Veterans in other settings; university counseling centers; university faculty positions; administration, policy and training positions; private practice; and research positions.

GOALS

The goal of the PTSD Fellowship is to provide an intensive clinical training year treating a diverse population of multiply-traumatized Veterans with wide-ranging stressor experiences, sociodemographic characteristics, service eras, and clinical presentations, who present with a range of comorbid mental health and medical disorders as well as PTSD. Both PTSD Fellows divide their time evenly between the PCT and WTRT. The primary responsibility of clinical Fellows in the PCT is the provision of PTSD-related clinical services to male-identified Veterans. The primary responsibility of Fellows in WTRT is the provision of trauma-related clinical services (e.g., trauma-focused therapies, full model DBT) to female-identified Veterans with PTSD and other trauma-related disorders, and consultation to other treatment providers. Trans-Veterans, as well as Veterans who identify as non-binary, gender fluid, or other gender identities, are provided the choice of receiving care within the program in which they feel most comfortable. In addition to learning specific techniques and protocols for evidence-based treatments, Fellows are also provided supervision on the ideographic conceptualization of cases and prioritization of treatment targets.

The clinical services Fellows provide to Veterans include:

- Brief, problem-focused intake assessments and consultations;
- Comprehensive psychological assessments;
- Short-term interventions and psychotherapies (individual and group);
- Longer-term psychotherapies (individual and group).

By the end of the training year, Fellows will have gained mastery of multi-method psychological evaluation and treatment of lifespan trauma, sexual trauma, war-zone trauma, PTSD, and comorbid psychopathology.

SUPERVISION AND TEACHING METHODS

PTSD Fellows are each assigned a primary supervisor within both the PCT and WTRT, with one supervisor being a designated mentor responsible for the overall coordination of the Fellow's training experience. Both primary supervisors collaborate in developing the training experiences to meet the specific needs and goals of each Fellow and provide clinical supervision. Fellows work with at least one additional clinical supervisor within each program – including an assessment supervisor in PCT and often group co-therapists in one or both programs – and have the opportunity to interact closely with all primary clinical supervisors within PCT (Drs. Scott Litwack, Poole LaPosta, and Christine Serpe) and WTRT (Drs. Eve Davison, Colleen Sloan, and Will Bowe).

Supervision is also provided on methods of effective consultation within a medical center. Clinical consultation with other faculty is also readily available, both formally through regular clinical team meetings and more informally. In addition to weekly supervision and team meetings in PCT and WTRT, Fellows attend DBT consultation team and interdisciplinary consultation meetings with medical staff in Women's Health, and may also attend CPT or PE group consultation. Fellows also have the option of attending VA Boston's Psychology Multicultural Consultation Team meetings.

DIDACTICS

PTSD Fellows participate in the following National Center for PTSD trainings and didactics at the start of the training year:

- Two-day workshop in Cognitive Processing Therapy (CPT) for PTSD
- Prolonged Exposure (PE) for PTSD
- Dialectical Behavior Therapy (DBT) didactic series
- Written Exposure Therapy (WET)
- Intakes and assessments in PCT and WTRT
- Use of the Clinician-Administered PTSD Scale (CAPS-5)
- Clinical issues in PTSD assessment
- ADDRESSING Framework
- Personality and personality disorder assessment
- PTSD and substance abuse treatment
- Diverse identities and stigma in PTSD treatment
- Military Sexual Trauma (MST)
- Intimate Partner Violence (IPV)

DIVERSITY FOCUS

WTRT and PCT serve Veterans who represent diversity across all dimensions, including race, ethnicity, country of origin, first language, age, ability, era of service, religion, sexual orientation, gender identity and gender expression. Issues related to diversity and inclusion are attended to at all levels of training and clinical services. During Fellowship orientation, the demographics of our programs' clientele are

discussed, and reading material on diverse populations is assigned (e.g., integrating cognitive behavioral and culturally competent practice; ethnoracial diversity in posttraumatic stress; working with sexual and gender minority veterans; impact of serving under Don't Ask Don't Tell). The NCPTSD also offers multiple didactics that incorporate discussion of diversity issues. Clinicians endeavor to foster an environment of transparency and mutual respect, acknowledging Veterans as the foremost experts on themselves and welcoming ongoing conversation about their perceptions of the impact and relevance identity has on their care. Fellows are supported and encouraged to explore and capture aspects of diversity most salient to their patients and to incorporate these into intake, assessment, and therapeutic processes. All Veterans are asked at intake about their treatment preferences and, when applicable, their past experiences in therapy: their preference for male vs. female clinicians, therapist-patient matches that have been more versus less effective in past courses of therapy, etc. Clinicians supplement structured diagnostic interviewing such as the SCID with interviews such as APA's Cultural Formulation Interview. More generally, we strive to be sensitive to cultural and contextual factors that impact reporting of symptoms, descriptions of subjective distress, and manifestation of symptoms, and we often incorporate more flexible assessment approaches such as the Structured Interview for DSM-IV Personality (SIDP). Diversity is considered throughout all case conceptualization and treatment planning discussions with Veterans and in supervision meetings. For example, exploration of identity factors during intakes and throughout therapy allows for incorporation of this information into symptom conceptualization and subsequent treatment planning (e.g., consideration of internalized negative beliefs secondary to racism, the intersection of these beliefs with PTSD, and ways our trauma-focused protocols can acknowledge and sensitively address these beliefs). Veterans are asked about anticipated barriers to treatment engagement, and Fellows are supported in collaboratively troubleshooting these barriers (e.g., financial concerns, child care, homelessness). Throughout the course of treatment, Veterans' experiences with discrimination, marginalization, and minority stress – and the ways these experiences may interact with trauma-related symptoms – are explored and addressed. Clinicians are sensitive to potential stigma around mental health diagnoses and mental health treatment. Conversations regarding diversity issues and adaptation of therapeutic approaches take place during interdisciplinary team meetings and supervision, as well as at VA Boston's Mental Health Multicultural Consultation Team meetings.

RESEARCH AND PROGRAM DEVELOPMENT / EVALUATION

Fellows typically spend four hours each week devoted to research and/or program development or program evaluation activities. Early in the training year Fellows begin to define research goals in collaboration with their major supervisor and establish a connection with a faculty advisor to help guide these efforts throughout the year. Fellows have a wealth of opportunities from which to choose, given that there are more than twenty-five active researchers across two divisions of the National Center for PTSD located at VA Boston. With this diversity of available mentorship, Fellows are able to find support for their specific training goals. There are also opportunities for collaboration on clinic-based program evaluation and development. Program evaluation and program development projects have in the recent past included analyzing variables related to completion or dropout from trauma-focused individual psychotherapy; the development and evaluation of a minority stress and empowerment group for Veterans; the development and evaluation of a nightmare rescripting group; a needs assessment related to parenting issues; symptomatic changes in skills group interventions; redesign of the intake process; and design of orientation materials for trainees.

Current research in the two National Center for PTSD divisions is supported by a range of intramural and extramural grants representing medical, psychological, and health sciences research. Research topics span a large gamut including phenomenological studies, risk and resilience research, randomized controlled

trials, the study of emotion and cognition in trauma, health correlates of trauma, and factors affecting health services utilization.

Selected recent publications from our staff and trainees (**recent psychology trainees marked with asterisk**) include:

- *Arditte Hall, K. A., DeLane, S. E., Anderson, G. M., Lago, T. R., *Shor, R., Wang, W., Rasmusson, A. M., & Pineles, S. L. (2021). Plasma gamma-aminobutyric acid (GABA) levels and posttraumatic stress disorder symptoms in trauma-exposed women: A preliminary report. *Psychopharmacology*, 238, 1541-1552.
- Bovin, M. J., Black, S. K., *Kleiman, S. E., Brown, M. E., *Brown, L. G., Street, A. E., Rosen, R. C., Keane, T. M., & Marx, B. P. (2019). The impact of assessment modality and demographic characteristics on endorsement of military sexual trauma. *Women's Health Issues*, 29, 67-73.
- *Carpenter, J. K., *Bragdon, L., & Pineles, S. L. (in press). Conditioned physiological reactivity and PTSD symptoms across the menstrual cycle: Anxiety sensitivity as a moderator. *Psychological Trauma: Theory, Research, Practice, and Policy*.
- *Cuthbert, K., Hardin, S., *Zelkowitz, R., & Mitchell, K. (2020). Eating disorders and overweight/obesity in veterans: Prevalence, risk factors, and treatment considerations. *Current Obesity Reports*, 9, 98-108.
- Davison, E. H., Spiro, A. III, & Pless Kaiser, A. (2020). The reemergence of trauma in aging U.S. military veterans: Engaging with the past. *Trauma und Gewalt*, 14(4), 304-319.
- Galovski, T. E., Smith, B., *Micol, R., & Resick, P. A. (2020). Interpersonal violence and traumatic brain injury: The effects on treatment for PTSD. *Psychological Trauma: Theory, Research, Practice, and Policy*, Advance online publication.
- Guimond, A.-J., Kubzansky, L.D., & Lee, L.O. (2021). Emotion and illness. In R. Schwartz, J.A. Hall, & L.G. Osterberg (Eds.), *Emotion in the Clinical Encounter* (pp.51-81). McGraw Hill.
- Iverson, K.M., *Danitz, S.B., Driscoll, M., Vogt, D., Hamilton, A.B., Gerber, M.R., Stirman, S. W., Shayani, D.R., Suvak, M.K., & Dichter, M.E. (2021). Recovering from Intimate Partner Violence through Strengths and Empowerment (RISE): Development, pilot testing, and refinement of a patient-centered brief counseling intervention for women. *Psychological Services*. Advance online publication.
- *Lee, D. J., Marx, B. P., Thompson-Hollands, J., Gallagher, M. W., Resick, P. A., & Sloan, D. M. (2021). The temporal sequence of change in PTSD symptoms and hypothesized mediators in Cognitive Processing Therapy and Written Exposure Therapy for PTSD. *Behaviour Research and Therapy*, 144, 103918.
- *Livingston, N.A., Farmer, S., *Mahoney, C., Marx, B., Keane, T. (2021). Longitudinal course of mental health symptoms among veterans with and without cannabis use disorder. *Psychology of Addictive Behaviors*.
- *McClendon, J., Kressin, N., Perkins, D., Copeland, L., Finley, E., & Vogt, D. (2021). The impact of discriminatory stress on changes in posttraumatic stress severity at the intersection of race/ethnicity and gender. *Journal of Trauma and Dissociation*, 22:2, 170-187.
- Miller, M.W., Maniates, H., Wolf, E. J., Logue, M.W., Schichman, S.A., Stone, A., Milberg, W., McGlinchey, R. (2018). CRP polymorphisms and DNA methylation of the AIM2 gene influence

associations between trauma exposure, PTSD, and C-reactive protein. *Brain, Behavior, and Immunity*, 67, 194-202.

- Moring, J. C., Straud, C. L., Penzien, D., Resick, P. A., Peterson, A., Jaramillo, C. A., Eapen, B., McGeary, C. A., Mintz, J., Litz, B. T., Young-McCaughan, S., Keane, T. M., and McGeary, D. D., for the Consortium to Alleviate PTSD. (in press) PTSD Severity and Tinnitus: An Analysis of Veterans Seeking Care for Post-Traumatic Headache. *Health Psychology*.
- Niles, B. L., *Polizzi, C. P., *Voelkel, E., Weinstein, E. S., *Smidt, K. & Fisher, L. M. (2018). Initiation, dropout, and outcome from evidence-based psychotherapies in a VA PTSD outpatient clinic. *Psychological Services*, 15, 496–502.
- *Nillni, Y. I., Fox, A. B., Cox, K., Paul, E., Vogt, D., & Galovski, T. E. (in press). The impact of military sexual trauma and warfare exposure on women veterans' perinatal outcomes. *Psychological Trauma: Theory, Research, Practice, and Policy*.
- Pineles, S. L., *Nillni, Y. I., Pinna, G., Webb, A., *Arditte Hall, K. A., Fonda, J. R., Irvine, J., King, M. W., Hauger, R. I., Resick, P. A., Orr, S. P., & Rasmussen, A. M. (2020). Associations between PTSD-related extinction retention deficits in women, and plasma steroids that modulate brain GABA_A and NMDA receptor activity. *Neurobiology of Stress* 13, 100225.
- Pless Kaiser, A., Cook, J.M., Glick, D.M., & Moye, J. (2019). PTSD in older adults: A conceptual review. *Clinical Gerontologist*, 42, 359-376.
- Poole, G.M., Creech, S.K., Macdonald, A., & Taft, C.T. (2019). Predictors of session attendance in intimate partner violence treatment for trauma-exposed Veterans. *Partner Abuse*, 10(3) 283-297.
- *Reuman, L., & Davison, E. H. (2021). Delivered as described: A successful case of Cognitive Processing Therapy with an older woman Veteran with PTSD. *Cognitive and Behavioral Practice*. Advance online publication.
- *Rosebrock, L. E., *Arditte Hall, K. A., Rando, A., Pineles, S. L., & Liverant, G. I. (2019). Rumination and its relationship with thought suppression in unipolar depression and comorbid PTSD. *Cognitive Therapy and Research*, 43, 226-235.
- *Sanders, W., Smith, B. N., Fox, A. B., & Vogt, D. (2019). Five-year impacts of family stressors and combat threat on the mental health of Afghanistan and Iraq war veterans. *Journal of Traumatic Stress*, 32, 724-732.
- Shipherd, J. C., & Sloan, C. A. (2019). The therapy room and beyond: Necessary action when working with gender minority people. *Cognitive and Behavioral Practice*, 26(4), 589-591.
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Fellowship Graduation Ceremony – July 29, 2021



Top Row – Paige Hildreth, Psy.D.; Amy Silberbogen, Ph.D., ABPP (Fellowship Director), Katlyn Welch, Ph.D.; Leigh Colvin, Ph.D.; Danielle Shaked, Ph.D.

Second Row – Julia Boyle, Psy.D.; Amanda Weber, Ph.D., Christine Serpe, Ph.D., Koriann Cox, Ph.D., Belei Ait Oumeziane, Ph.D.

Third Row – Cindy Woolverton, Ph.D., Mary Ellis, Psy.D.; Elizabeth Craun, Ph.D., Jana Wozniak, Ph.D., Mirjana Ivanisevic, Ph.D.

Bottom Row – Natalie Wilver, Ph.D.; Laura, Grande, Ph.D., ABPP/cn (Neuropsychology Program Director)

Important Information To Know About Us!

PROGRAM WIDE REVIEW AND REMEDIATION PROCEDURES

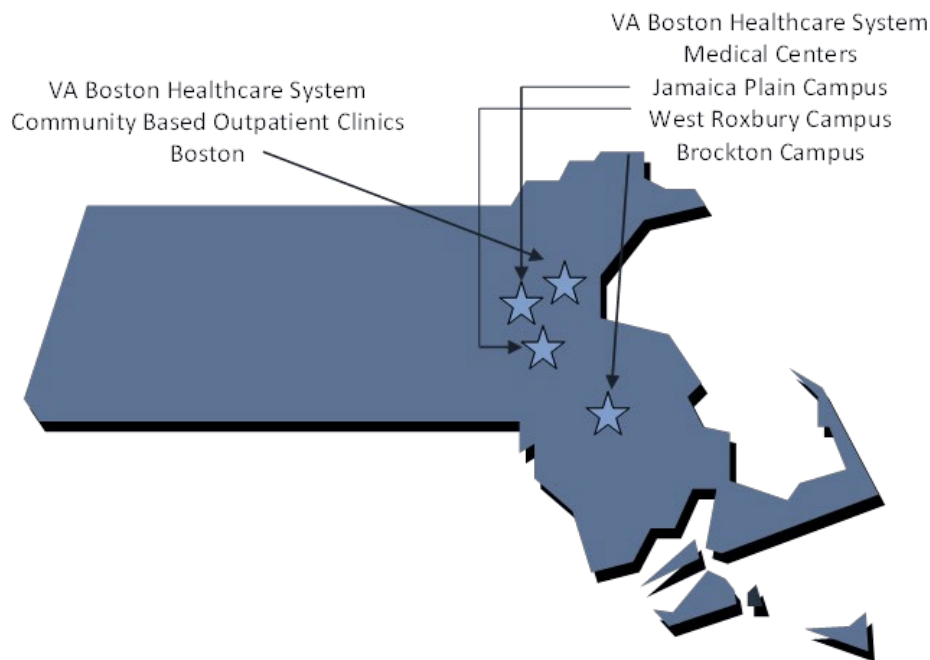
EVALUATION METHODS

Postdoctoral Fellows receive a formal written evaluation of their progress by their primary supervisor a minimum of three times per year. Fellows provide written evaluations of their supervisors on a semi-annual basis. Additionally, each Fellow meets with the Training Director a minimum of three times per year to provide feedback on their experience. Evaluation methods are explained in detail in the Postdoctoral Training Orientation Manual that Fellows receive upon arrival.

DUE PROCESS POLICY

In the event of a grievance around the evaluation process, the Fellowship Program has a due process policy that outlines both remediation procedures and procedures for Fellows to follow if they have a concern about the review process. The Due Process Policy is incorporated within “Remediation Procedures” that are detailed in the Postdoctoral Training Orientation Manual that Fellows receive upon arrival.

TRAINING ENVIRONMENT



The VA Boston Healthcare System encompasses eight campuses within a 40-mile radius of the greater Boston area. The consolidated facility consists of the Jamaica Plain campus, located in Boston's Longwood Medical Community; the West Roxbury campus, located on the Dedham line; and the Brockton campus, located 20 miles south of Boston in the City of Brockton. In addition to the three main medical centers, five Community Based Outpatient Clinics (CBOCs) located in Framingham, Lowell, Quincy, Dorchester, and Causeway Street (Boston) make up the VA Boston Healthcare System (VA BHCS).

JAMAICA PLAIN CAMPUS

The Jamaica Plain Campus offers state-of-the-art ambulatory care and primary care services. The Ambulatory Care Center serves as a hub for tertiary ambulatory services. This center's specialized services include state-of-the-art audiology services, ambulatory day surgery, CAT scanning, MRI, specialized aphasia treatment, an eye center providing argon laser therapy of retino-vascular diseases, CO2 and YAG laser treatment of cancer and Argon and YAG laser treatment of eye diseases, and vitrectomy. A model Veterans Industries/Transitional Living program for patients with Substance Abuse problems has recently been accredited by the Committee for Accreditation of Rehabilitation Facilities (CARF). Medical services located at this campus also include substance abuse, nuclear medicine, and a Center for Excellence for oncology/ hematology, which includes high voltage radiation therapy/ linear accelerator. Two National Centers for Posttraumatic Stress Disorder (also named Centers for Excellence) include the Behavioral Science Division and the Women's Health Sciences Division. Additional programs available at Jamaica Plain are a Comprehensive Women's Health Center and mammography, an Operation Enduring Freedom/Operation Iraqi Freedom/ Operation New Dawn program, a Polytrauma Center, and many other special programs to meet gender specific needs as well as other special needs of veterans due to environmental causes such as radiation, Persian Gulf, or Agent Orange exposure. Finally, The Translational Research Center for TBI and Stress Disorders (TRACTS) is a VA Research and Development Center of Excellence mandated to advance the diagnosis and treatment of the commonly co-occurring conditions of PTSD and Mild Traumatic Brain Injury in OEF/ OIF Veterans.

WEST ROXBURY CAMPUS

The West Roxbury Campus serves as the tertiary inpatient medical center for the VA Boston Healthcare System and the other VA medical centers in the region. Recently named a Center for Excellence in Cardiac Surgery this facility offers cardiac catheterization, CCU, and a renowned Open Heart Surgery Program. The West Roxbury campus also has a nationally recognized acute Spinal Cord Injury program, and is one of few VA facilities that have a CARF-accredited acute medical rehabilitation program and spinal cord injury program, supported by a swimming pool that is located in the hospital proper. This campus supports an interventional cardiology program with electrophysiology. In addition, West Roxbury serves as the referral center for intensive inpatient surgery and provides such unique and high-risk surgeries as, vascular surgery, specialized general and cancer related surgery, orthopedics, hand and joint replacement surgery, neurosurgery, plastic surgery, and urology. The spinal cord injury program operates within a “hub and spokes” model for the Northeast VA region to provide consistent care excellence. West Roxbury maintains a 24-hour emergency department.

BROCKTON CAMPUS

The Brockton Campus offers veterans a wide range of health care options including comprehensive primary care, outpatient mental health services (including specialized geriatric mental health, PTSD, substance abuse, and psychosocial rehabilitation services), inpatient psychiatry (including acute, transitional, and intensive substance abuse care), and long-term care. Long term care services include the Community Living Center (nursing home and rehabilitation care) and a chronic Spinal Cord Injury (SCI) unit. A Center for Excellence in Health Care for Homeless Veterans, this campus houses a 60 bed Domiciliary for Homeless Veterans. Also available in Brockton is an inpatient psychiatric unit for women, one of only four such units available in the entire VA system. This unit, in conjunction with an outpatient Women’s Health Center, offers women veterans a complete spectrum of health care services. Both the Homeless Veterans program and the Women’s Program are regional referral centers for veterans throughout New England. The Chronic Spinal Cord Injury Unit offers specialized programs and respite care for veterans with spinal cord injuries and disabilities. The Community Living Center similarly offers respite care programs to veterans throughout New England.

DIVERSITY AND INCLUSION

- **VA BOSTON PSYCHOLOGY SERVICE COMMITTEE ON DIVERSITY AND INCLUSION**

The VA Boston Psychology Service Committee on Diversity and Inclusion was developed in 2006 by staff and trainees devoted to increased focus on diversity and inclusion. The mission of this committee is to promote sensitivity toward, and respect for, all individuals from diverse backgrounds in the VA Boston Psychology Service by pursuing the following activities: provide a voice for all departmental trainees, staff, and faculty; promote professional growth opportunities for research and clinical practice; promote the expansion of the psychology service to include more diverse members; provide a forum to discuss diversity and inclusion; advocate for expanding the focus on diversity and inclusion; and provide educational resources and opportunities related to diversity and inclusion. The committee is involved with multiple projects related to this mission, and the involvement of trainees is valued highly since they provide a unique perspective on training. The committee meets monthly via teleconference so that staff and trainees from all campuses can attend. For more information, please contact the current committee co-Chairs, Colleen Sloan, Ph.D. and Scott Litwack, Ph.D. at colleen.sloan2@va.gov and scott.litwack@va.gov.

- **MENTAL HEALTH MULTICULTURAL CONSULTATION TEAM**

The Psychology Service Committee on Diversity and Inclusion began developing the Multicultural Consultation Team in Fall 2019 in an effort to provide a dedicated space for peer-led education and consultation on best practices for honoring and responding to diverse identities of Veterans in clinical care. We consulted with similar teams at peer institutions and conducted a needs assessment among the broader Mental Health Service at VA Boston in Spring 2020. This initial assessment revealed tremendous interest and support for such and nearly 100 providers attended the team's first formal meeting in August 2020, where we presented a didactic on responding to racist and intolerant statements in clinical settings. Monthly meetings will include both smaller gatherings for case consultation and large meetings for additional didactic presentations. The team's mission and values statements are below. Trainees have played an important role in the development of this team. We welcome all trainees in our collective efforts to grow as clinicians and provide responsive, affirming mental health care.

- **Mission**

To support providers' efforts to give mental health care that meaningfully acknowledges and responds to the diverse backgrounds and identities of all VA Boston patients.

- **Values**

- We are all lifelong learners in this domain – we must both support and challenge each other in order to enhance our multicultural competence.
- Diversity is a multifaceted construct, and intersectionality of diverse identities must always be considered.
- As mental health providers, we are in a unique position to combat inequality and oppression by providing culturally competent services to those with diverse identities, as well as addressing discriminatory beliefs expressed by our patients.
- In order to most effectively serve the needs of diverse patients, we must attend to our own identities, assumptions and biases, as well as their interaction with those we are working with.

- **ALANAS**

VA Boston training programs have a formal relationship with the Harvard Medical School Department of Psychiatry's ALANAS Mentoring Program for African-American, Latinx, Asian, Native American or those who identify with a sexual or gender minority group (ALANAS). The ALANAS program involves psychology trainees from all of the Harvard training sites in the Boston area. Participation in the program is voluntary and provides a unique opportunity for persons of color to meet for personal and professional growth. As of this writing, Harvard is actively forming a selection committee (including VABHS staff) for the Director position, as the most recently appointed lead has taken a new role outside of Harvard.

SUPPORT SERVICES

There are a wide variety of support services available to the Fellow. The Medical Center's excellent Medical Library has branches in two of the campuses. In addition to extensive journal and reference collections, the library provides the capacity for computer generated literature searches and is able to obtain materials from regional university libraries, the Harvard Medical School Library and other VA Medical Centers. The Medical Library is also able to locate and borrow video training materials.

The Fellow has access to personal computers at all three Divisions.

If needed, childcare is available at the Tyke Site at the Brockton Division and Small World at the Jamaica Plain Division. These are nondiscriminatory, nonprofit, on-site childcare facilities licensed to serve children between the ages of 3 months to 6 years of age.

RESEARCH ACTIVITIES

Research is an integral part of the overall VA Boston Healthcare System's mission and plays a key role in enhancing the healthcare services provided to our veteran population. The total Research and Development Program for the three campuses, Brockton, West Roxbury and Jamaica Plain, is one of the largest and most active in the VA system. In recent years, total intramural VA funding has been in the range of \$15 million. Extramural research funding from other federal agencies, such as NIH and DOD, private proprietary companies, voluntary agencies and foundations have added another \$10 – 12 million per year. As a referral center for neuro-psychiatric disorders, the Brockton campus has major research efforts in the neurophysiology of mental illnesses, problems in alcoholism and sleep problems associated with many mental disorders. The research interests at the West Roxbury campus, as the acute tertiary care division, spans several fields, with a strong focus on gastrointestinal disorders, cardiology and cardiovascular diseases, hematology, pulmonary medicine, urology, neurology, and spinal cord injury. At the Jamaica Plain campus in conjunction with the Boston Outpatient Clinic, there are significant research projects on substance abuse, hemostasis, aphasia, language and memory disorders, PTSD, and infectious diseases, among others. Investigators at both the Brockton campus and the Jamaica Plain campus have been participating in a major VA cooperative studies trial on the National Health Survey of Persian Gulf War Veterans and their families. There are several special emphasis programs and research centers at the VA Boston Healthcare System, including the Massachusetts Epidemiology Research and Information Center, the Normative Aging Study, the Dental Longitudinal Study, NIDA per VA Medication Development Center, and two National Centers for PTSD. As mentioned above, The Translational Research Center for TBI and Stress Disorders (TRACTS) is a VA Research and Development Center of Excellence mandated to advance the diagnosis and treatment of the commonly co-occurring conditions of PTSD and Mild Traumatic Brain Injury in OEF/OIF Veterans. There are also several programs in the area of Rehabilitation Research and Development and Health Services Research and Development, with the VA's HSR&D Management Decision and Research Center, located at the Jamaica Plain Campus.

LIVING ENVIRONMENT / COST OF LIVING

The nature of the Greater Boston area and the location of the different Medical Centers provide the Fellow the opportunity to choose from a variety of settings. The West Roxbury and Jamaica Plain divisions, several miles apart from one another, are within the city of Boston. The Brockton division is south of Boston along Route 24. The City of Providence, located less than an hour's drive, is accessible via major highways from either division. There is a shuttle service between the three Divisions that operates

throughout the working day. It is possible for the Fellow to live in or close to Boston and be part of an urban lifestyle.

No matter which setting the Fellow chooses, the cultural, educational, and recreational activities of Boston and New England are easily accessible. Boston, known for its arts, history, and educational institutions, is little more than a half-hour from Brockton by car at non-peak hours. There are also many forms of public transportation available into the city. The commuter rail makes it is easy to get in and out of Boston to see a play, visit a museum, or experience the flavor of the city's diverse ethnic groups. The New England region is attractive, varied, and readily accessible by car. The Berkshires, Cape Cod, Rhode Island, southern Maine, New Hampshire, and Vermont are all easily visited as day trips. A trip to the beach, the mountains, Gillette Stadium (New England Revolution and New England Patriots), Fenway Park (Boston Red Sox), the TD Garden (Boston Celtics and Boston Bruins), or Boston's many museums offers the Fellow an opportunity for a change of pace while staying close to home.

The Fellowship year often means relocation not only for the Fellow but also for a partner. A wide range of educational opportunities are available at the many colleges and universities in the Greater Boston area, including Harvard University, Boston University, M.I.T., College of the Holy Cross, Boston College, Northeastern University, Clark University, Brown University, University of Rhode Island, and University of Massachusetts Boston. In addition to full-time study at the main campuses, there are many satellite, evening or part-time programs available. The job market is relatively good for significant others who may be looking for employment during the Fellowship year.

We do understand that housing costs in or near Boston are quite high and that this is a significant consideration when applying to or considering a training year in the Boston area, particularly given the trainee salary. However, we do have trainees who make it work every year through various means. This includes choosing to live in neighborhoods that are relatively less costly (e.g., Allston or Brighton, Medford, Quincy) or finding a roommate(s). Trainees who have moved here on their own frequently live with roommates and have found this is a great way to cut costs and make friends in the area. It may also be possible to share an apartment with other incoming trainee(s) moving to the area from another location. Other trainees have received help from partners, family, or used personal savings. It is also very easy to navigate Boston without a car given the extensive MBTA system (particularly for JP based trainees), which allows you to save on insurance and gas. All of our trainees who use public transportation to commute to and from work are eligible for the federal transit benefit program, which subsidizes the cost of purchasing an MBTA pass often up to the full cost of commuting. Finally, our facility offers on-site parking at all our locations at no extra charge. We understand that cost of living is a significant factor in determining where to complete a training year, and we are happy to answer questions or discuss this further with you during the interview day. Additionally, our trainees are more than happy to discuss their experiences living in Boston on a trainee salary.

HOURS, STIPEND, AND BENEFITS

- All Fellows receive a full stipend – no Fellow is accepted on a Without Compensation (WOC) status.
- All Fellows are admitted into the full-time training program.
- The Postdoctoral Fellowship requires that Clinical Psychology Fellows must complete 2080 training hours annually.
- The current stipend for a first-year postdoctoral Fellow is **\$51,257** before taxes.
- Fellows are eligible for health insurance at a reduced cost.

- No funds are available for relocation.
- It is anticipated that Fellows will receive trainee appointments at Boston University School of Medicine and at Harvard Medical School during the training year.
- Benefits include 11 paid holidays, 13 days of annual leave (vacation) and, if needed, 13 days of sick leave. Finally, Fellows are given up to 64 hours of paid educational leave to attend conferences, major professional meetings, and symposia. Upon completion of the year of training, Fellows are eligible to enter Federal Service at the grade of GS-12. Trainees are eligible for the transit benefit, as well.
- The Federal Tort Claims Act applies to Fellows regarding the practice of psychological services and their own personal injuries that occur while on the job at the VA.

APA ACCREDITATION

Both training programs of the VA Boston Psychology Postdoctoral Fellowship Training Program are accredited by APA. Our next Site Visit will be in 2024.

Questions related to the program's accredited status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street NE
Washington, DC 20002
Phone: 202-336-5979

E-mail: apaaccred@apa.org
Web: <http://www.apa.org/ed/accreditation>

ELIGIBILITY

ELIGIBILITY REQUIREMENTS FOR CLINICAL FELLOWSHIP PROGRAM

1. All information about VA eligibility requirements is available at: http://www.psychologytraining.va.gov/per_eligibility.asp
2. **U.S. citizenship.** VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection. All interns and Fellows must complete a Certification of Citizenship in the United States prior to beginning VA training.
3. Have received a Doctorate from an APA or CPA accredited graduate program in Clinical, Counseling, or Combined Psychology or PCSAS accredited Clinical Science Program. Persons with a doctorate in another area of psychology who meet the APA or CPA criteria for respecialization training in Clinical, Counseling, or Combined Psychology are also eligible.
4. Have completed an internship program accredited by the APA or CPA. The only exception regarding accreditation is for those who complete a new VA internship that is not yet accredited.

5. A male applicant born after 12/31/1959 must have registered for the draft by age 26 to be eligible for any US government employment, including selection as a paid VA trainee. Male applicants must sign a pre-appointment Certification Statement for Selective Service Registration before they can be processed into a training program. Exceptions can be granted only by the US Office of Personnel Management; exceptions are very rarely granted.
6. Fellows are subject to fingerprinting and background checks. Appointment decisions are contingent on passing these screens.
7. VA conducts drug screening exams on randomly selected personnel as well as new employees. Fellows are not required to be tested prior to beginning work, but once on staff they are subject to random selection for testing as are other employees. Please be advised: Although the recreational and medical use of marijuana is legal in Massachusetts and some other states, it is not legal at federal facilities. Thus, we cannot employ anyone who tests positive for marijuana

For additional information regarding the “VA Drug-Free Workplace Program,” please see https://www.va.gov/OAA/onboarding/VHA_HPTsDrug-FreeWorkplaceOAA_HRA.pdf

8. **The Department of Veterans Affairs, like all federal government agencies, has mandated that all employees and trainees be fully vaccinated for COVID-19 as a condition of employment. Trainees may request a medical or religious exemption from the COVID-19 vaccine.**

APPLICATION PROCESS

The VA Boston Healthcare System, in which our training program resides, is an Equal Opportunity Employer; we are committed to ensuring a range of diversity among our training classes, and we select candidates representing different kinds of programs and theoretical orientations, geographic areas, ages, racial and ethnic backgrounds, sexual orientations, disabilities, and life experiences.

We have a strong commitment to providing high-quality training in culturally-informed clinical care, to attracting Fellows from diverse backgrounds, and to creating an inclusive and welcoming training culture. Our patient population is diverse, and Fellows will have opportunities to work with Veterans with diverse identities, including Veterans of Color and LGBTQ+ veterans. Applications are welcome from candidates committed to culturally-responsive care. We also welcome applications from candidates from diverse backgrounds, including those traditionally underrepresented in psychology. If you would like to let us know more about your lived and/or professional experience related to diversity and culturally-informed care, we encourage you to include a brief sentence or two about this in *your personal statement*.

The VA Boston Psychology Postdoctoral Fellowship Program evaluates the following criteria when selecting applicants to the **Clinical Psychology Program:**

- Breadth and quality of prior general clinical or counseling training;
- Quality of experience in the specific focus area to which the applicant applies;
- Quality of experience with a diverse patient population and provision of care from a culturally competent framework;
- Quality and scope of research productivity;
- Evidence of personal maturity and accomplishments;
- A clear, thoughtful, and meaningful writing style in application materials;

- Goodness of fit between the applicant's professional goals and program training objectives;
- Strength of letters of recommendation.

In keeping with our program orientation, we strongly prefer applicants from university based graduate programs that have a scientist-practitioner or clinical scientist orientation.

Applications are reviewed for eligibility after all materials are received. Applications are distributed to coordinators of each Track (e.g., PTSD) where they are reviewed and evaluated by supervising faculty. Virtual interviews are offered to select candidates (see additional information below).

Applicants are extended offers based on their written application materials and interview presentation.

APPLICATION MATERIALS

Application materials are due by midnight EST on Monday, December 13th, 2021. All applications must be submitted via APPA CAS, except under unusual circumstances and with consultation from Dr. Silberbogen. VA Boston has two portals through APPA CAS: one in Clinical Psychology and one in Clinical Neuropsychology. Please be sure to apply to the Clinical Psychology Program if you are applying for: Behavioral Medicine, Addiction Recovery, LGBTQ+ Healthcare, Interprofessional General Mental Health, Geropsychology, Post Deployment Readjustment and Trauma-Related Disorders, and PTSD. If you are applying for a position within Neuropsychology, please access the Clinical Neuropsychology portal. If you are applying to both programs, you will apply through both portals and be charged two application fees.

Please read and follow instructions carefully and prepare the following:

1. A personal statement, containing the following information:
 - The history of your interest;
 - Any relevant educational, clinical, and per or research experiences;
 - A description of how you integrate diversity and culture in your clinical practice, scholarly efforts, or other professional domains.
 - A self-assessment of your training needs and goals for the Fellowship;
 - A statement of your career goals.

Please note that if you are applying to multiple Tracks within the Clinical Program, your personal statement should address the below elements for each track reflecting the content areas to which you are applying. If you are applying to either the Addiction Recovery or Interprofessional General Mental Health Track, please indicate your interest in applying to the Fellow 1 position, Fellow 2 position, or both positions.

2. A detailed Curriculum Vita.
3. An official transcript of graduate work. We do not require transcripts from your undergraduate school. Please work to ensure that your official transcripts are mailed directly from your graduate program to APPA CAS **with enough time** that your application is complete by the deadline.
4. Three letters of recommendation - one from a faculty member familiar with your graduate school performance and at least one from a primary clinical supervisor during the doctoral internship.

We encourage applicants to be selective and thoughtful when considering submitting applications to multiple Tracks.

Please contact Track Coordinators with specific questions about training in a particular content area.

VIRTUAL INTERVIEW DAYS

Given the economic burden of traveling, we have always offered virtual interviews at VA Boston and have routinely extended offers to postdoctoral applicants who have chosen to do remote interviews. However, as a result of the COVID pandemic, we switched to fully virtual interviews for the 2021-2022 recruitment season and plan on **only** offering virtual interviews in the future. In addition to the health and safety concerns related to COVID-19, we believe that it is an issue of social justice and that in person interviews result in a significant and unnecessary financial burden to applicants. Therefore, no on-site interviews will be offered or permitted, to ensure a level playing field and to reduce pressure that applicants might experience. Our virtual interview days (which will be held over Zoom) will include an overview of our training model and program, a presentation by our Psychology Diversity and Inclusion Committee, individual interviews with supervisors, and a meeting with current postdoctoral Fellows. We also have some video content to help you get to know us better.

We are planning on the following dates (see below) to offer as remote interviews. Applicants who are invited for interviews will be given up to two weeks' notice prior to committing to a virtual interview day. Additionally, we will be attending to time zones and offering interview times that accommodate our West Coast and Hawaii applicants. Additional information will be provided regarding scheduling directly to applicants invited for interviews, including requests for accommodations related to medical concerns, nursing, etc.

Planned virtual interview dates (subject to change with notice to applicants selected for interviews):

- Tuesday, January 18
- Thursday, January 20
- Monday, January 24
- Wednesday, January 26

PROCESS

We make every effort to keep our review process timely and to keep candidates well informed of their status throughout the selection period.

VA Boston follows APPIC's guidelines for postdoctoral recruitment and will be initiating making offers starting on February 22nd at 10 AM EST:

<https://appic.org/per/Postdocs/per/Postdoctoral-Selection/per/Postdoctoral-Selection-Guidelines>. Please take the time to review these guidelines. Applicants can hold an offer for two hours. If you have an offer in hand from another site prior to February 22nd and your first choice is VA Boston, please contact Dr. Silberbogen as soon as possible. VA Boston can make a reciprocal offer if you are also our first choice. We encourage you to be in contact; unlike internship recruitment (where expressing interest or asking for information about status is disallowed), we would like for you to inquire about your status so that you have all the information you need in order to make a decision about the next step in your professional career.

Please be in contact with Dr. Silberbogen at any point during the review process if you have questions about your status or have an offer from another program. We understand that accepting a Fellowship is a significant decision in one's professional development and will make every effort to support applicants in making decisions about their candidacy at VA Boston. We will notify applicants when they are no longer under consideration or when all positions they have applied to have been filled.

STATEMENT OF NONDISCRIMINATION

The VA Boston Psychology Postdoctoral Fellowship Training Program is committed to a policy of nondiscrimination on the basis of race, sex, age, religion, color, national origin, ancestry, handicap, marital status, arrest and court record, sexual orientation, and veteran status. Our policy covers admission and access to, and participation, treatment, and employment in, all programs and activities.

IF AN OFFER IS EXTENDED:

- **Doctoral Degree Requirement:** All offers of acceptance for a postdoctoral position within the VA Boston Psychology Postdoctoral Fellowship Program are strictly contingent upon applicants having completed all requirements (clinical, academic, and administrative) for the doctoral degree. In other words, you cannot start a Postdoctoral Fellowship if you are not "postdoctoral", including graduate school approval of your dissertation.
 - If an offer is extended, you will be informed that you must provide evidence that you have completed all academic requirements no later than July 1, 2022. This can take the form of a copy of the diploma or a written attestation of such from your University Department Chair. If you have not defended your dissertation by July 1, 2022, we will also accept documentation from your Department Chair or Dissertation Advisor confirming your defense date prior to the Fellowship program start date.
 - If you have not completed all your requirements by July 1, you may request an extension. If, at the end of the extension you have not received the doctoral degree, or if the Fellowship does not initially agree to the extension, the offer of acceptance is withdrawn and considered null and void. At such time, the search process may be re-opened and you may re-apply without prejudice. The search will continue until such time as the position is filled or is cancelled.
 - One exception to this policy is in the case of an applicant who has completed all the requirements (academic and administrative, including dissertation) for the doctoral degree with the exception of an internship ending between July 1 and the Fellowship start date. In such case, an extension will be granted.
 - Fellows have raised the issue of a graduation date that occurs after the start of the Fellowship year. OAA policy is that the completion of all academic (including university acceptance of dissertation), clinical (including internship), and administrative (departmental chair approval) qualifies the candidate to begin the Fellowship. In other words, it is fine if your graduation date occurs after August 2022 as long as you can provide documentation that you have completed all academic, clinical, and administrative responsibilities. The Fellow is responsible for looking into how this intersects with state specific licensing board regulations.

- **Acceptance of a position is BINDING:** Per APPIC guidelines, acceptance of a postdoctoral position is considered a binding professional commitment. It is expected that if you accept a postdoctoral position, you will no longer be pursuing other employment or training opportunities. There are very few circumstances which would release you from this binding agreement, given the significant consequences for programs, other applicants, and yourself.

Please contact Amy Silberbogen, Ph.D., ABPP, (Amy.Silberbogen@va.gov) if you have any questions about postdoctoral training at VA Boston. We would be happy to hear from you!

**CURRENT POSTDOCTORAL FELLOWS
CLINICAL FELLOWSHIP PROGRAM**

Caroline Abbott, Ph.D.

University of Delaware
Interprofessional General Mental Health
Track

Hannah Bashian, Ph.D.

Lehigh University
Geropsychology Track

Bryna Cooper, Psy.D.

PGSP-Stanford Consortium
Addictions and Co-Occurring Disorders Track

Martha Fahlgren, Ph.D.

Temple University
PTSD Track

Arielle Horenstein, Ph.D.

Temple University Behavioral Medicine Track

Alexandra Leong Mattern, Ph.D.

Pennsylvania State University
PTSD Track

Sara O'Donnell, Ph.D.

University of Buffalo
Behavioral Medicine Track

Anna Salomaa, Ph.D.

Pennsylvania State University
LGBTQ+ Healthcare Track

Nicholas Schmidt, Ph.D.

University of Missouri – St. Louis
Geropsychology Track

Lara Spiekermann, Ph.D.

University of Virginia
Addictions and Co-Occurring Disorders Track

Kirk Vandergrift, Psy.D.

PGSP-Stanford Consortium
Interprofessional General Mental Health
Track

RECENT FELLOWS' FIRST POST- FELLOWSHIP POSITION

CLASS OF 2020 - 2021

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